THE

WESTERN JOURNAL

OF THE

MEDICAL AND PHYSICAL SCIENCES.

For October, November, and December, 1837.

ESSAYS AND CASES.

Art. I.—Hospital Reports.

Cases treated in the Cincinnati Hospital; *with Clinical Observations.* Recorded, in part, by Edward Kimball, House Surgeon. Arranged by the Editorial Committee.

Fungus Hæmatodes of the Right Elbow.

Samuel Bromley, aged 22, a native of Virginia, and a farmer by occupation, fell upon his right hand in January, 1837, by which he was prevented from working about three weeks. His health had previously been perfectly good; and at the period here specified he resumed his occupation, and remained undisturbed until early in last June, when his attention was directed to the part by a slight pain seated at the bend of the arm, in the course of the ulnar nerve. The pain now became constant and more severe, and was followed, in about twenty days after it was first perceived, by the development of a small lump at the internal condyle of the humerus. As this increased, other nodules appeared at different regions of the elbow, until at length the whole joint was surrounded by them, and became perfectly useless, owing to its great bulk and complete rigidity. He arrived in this city on the 10th of Nov'r, and immediately entered the surgical ward of the

Cincinnati Hospital. The pain in the affected parts, at this period, was very slight; the skin was perfectly natural, excepting that the superficial veins were very much enlarged; the elbow was sixteen inches in circumference, nearly cylindrical in shape, and imparted that peculiar fluctuating sensation to the fingers, which forms so striking a trait of encephaloid disease.

The case having been carefully examined, and its nature ascertained, it became obvious that amputation of the limb would afford the only chance of success. The patient's general health being quite good, the operation was performed on the 11th of November, by Professor McDowell, in the anatomical amphitheatre, in the presence of his colleagues and the medical class. The arm was cut off circularly, nearly midway between the elbow and shoulder, and dressed in the usual manner. Several arteries were, of course, obliged to be tied.

On the 16th, when the stump was first inspected, the lower half of the wound was found to have united by the first intention; the other half being in a state of suppuration. After this, the dressings were applied every third day; the parts continuing gradually to contract adhesions during the patient's sojourn in the hospital. There was little or no febrile excitement, and the only medicines that Bromley took were a small dose of calomel, and an ounce of sulphate of magnesia, to obviate constipation. He left the institution on the first of December, contrary to the advice of the attending surgeon, when the whole of the wound had nearly cicatrized, excepting round the ligatures, none of which had been detached. There was no sign whatever of a reproduction of the disease; but at the parts just mentioned was a discharge of dark-colored sanious matter, probably from the irritation of the protruding threads. How the patient is getting along, we have no information; but we shall endeavor to ascertain this matter, and communicate the results in the next number of the Journal.

The diseased mass having been carefully dissected, and the humeral artery distended with size, and colored with vermilion, was demonstrated by Professor Gross to the medical class. It was of an irregularly lobulated character, of a soft doughy feel, and seemed to spring from the fibrous covering of the humerus, by a broad base, occupying nearly the entire circumference of the bone, as far as its surface of articulation with the radius and ulna. The

largest of the lobes were of an ovoidal figure, and nearly six inches in length, by two inches in breadth: the smallest were about the volume of a white walnut. The circumference of the joint, after the removal of the skin and cillulo-adipous tissue, was fourteen inches and a half; the diseased mass being most prominent at the internal condyle. Upon its anterior part reposed the humeral artery and the median nerve, together with the bicipital and anterior brachial muscles, both of them thrust out of their natural position. The muscles connected to the inner condyle were similarly displaced, and several of them were pale, emaciated, and infiltrated with sero-albuminous fluids. The periosteum, where it gave attachment to the morbid growth, was slightly thickened, but otherwise healthy. Externally, the bone was perfectly sound; but internally, for about five inches, its structure was broken down, of a white color, interspersed with reddish spots, and filled with cerebriform matter. A thin capsule of cellulo-fibrous tissue surrounded the diseased mass, and sent processes into its interior, by which cavities were formed, of variable dimensions, for the lodgment of its proper substance. This substance had all the properties of the cerebral texture, being of a light ash color, unctuous to the touch, semi-fluid in its consistence, and of a peculiar spermatic odor.

In exhibiting the tumor to the class, Professor Gross pointed out the difference between scirrhus and encephaloid disease. Hard cancer, he remarked, was seldom witnessed before the age of twenty-five or thirty, whereas the present variety was most common in childhood and adolescence, although cases occasionally occurred in the old and decrepid. The one was soft, semi-fluid, fluctuating, and composed of a substance very similar to that of the brain; the other was more or less dense, gristly, of a pale yellowish, greyish, or brownish color, and intersected by whitish filaments and bands, running in a radiating direction from the centre towards the circumference. Both might occur, he said, in almost every organ of the body; but they originated most frequently in the bones, eye, mamma, testicle, liver, lungs, and subcutaneous cellular tissue. In children, encephaloid disease often occupied the shoulder, the region of the clavicle, the fore-arm or hand; situations in which scirrhus was rarely, if ever, met with. It might exist as a primitive affection; but oftentimes co-existed with hard cancer, tubercles, melanosis, and hydatids.

In their mode of organization, a great difference, the Professor stated, existed between these two heterologous formations. In one, namely scirrhus, the diseased mass was entirely dependent for its vascular supply upon the circumjacent tissues, without whose assistance its growth and nutrition would be instantly suspended; in the other, the cerebriform variety, the blood vessels were much more numerous, of a larger size, more liable to bleed, and were created, so to speak, in the midst of the morbid deposit, from which they gradually extended towards the circumference of the tumor, where they finally anastomosed with the arteries and veins in their immediate neighborhood. Thus, encephaloid had two circulations; one of them proper to the diseased mass; the other common to it and the surrounding structures. Owing to this peculiarity, it grew much more rapidly than scirrhus, sometimes attaining a frightful size in the course of a few months, as in the case of Bromley. Nerves probably existed in greater abundance in this than in the other variety, though it was a remarkable fact that soft cancer was generally much less painful than the hard.

The diagnosis could be determined readily by the consistence, form, situation and history of the tumor. In most instances the surface of the tumor presented a peculiar glossy appearance, and the subcutaneous veins were almost always greatly enlarged and distended; but as these phenomena were witnessed in nearly all cases of chronic swellings, little reliance could be placed upon them when attempting to decide upon the nature of the disease. The pain that attended was extremely uncertain, being sometimes scarcely perceptible, at other times very severe.

The morbid growth, Professor Gross continued, had a tendency, sooner or later, to open and protrude, generally by ulceration, sometimes by sloughing, and occasionally by the formation and bursting of an abscess. The surface thus exposed presented a red, fungous appearance, was extremely sensitive to the touch, very prone to bleed, and constantly bathed with a thin, fœtid, irritating fluid, the quantity of which was usually very profuse. In some cases pure blood was effused, caused by the rupture of some of the vessels, and so copious and obstinate as gradually to destroy the patient. Such sores were always highly disagreeable, and never healed, from the inability of the parts to form healthy gran-

ulations. Sometimes the morbid mass sloughed entirely away, as if it had been neatly dissected from its situation; but these cases were rare, and were almost invariably followed by a reproduction of the heterologous substance. Such is a rapid and imperfect outline of the Professor's remarks on the nature of this singular disease. To these we shall add the following extract from Mr. Syme's "Principles of Surgery," the second volume of which has been recently published in England. It has reference, as will be seen, chiefly to the treatment of this frightful malady.

"Encephaloid disease, in its advanced stage," observes Mr. Syme, "is attended with a greenish-yellow complexion, and general emaciation. If allowed to proceed, it sooner or later destroys the patient by gradual exhaustion. The rapidity of its course, like that of hard cancer, is extremely variable, and cannot be foretold according to any data with which we are as yet acquainted. The treatment of this disease is, if possible, still less satisfactory than that of the one before mentioned. All local applications and internal remedies are admitted to be totally useless. The only mode of affording relief is excision; and, owing to the tendency of the morbid action to diffuse itself into the neighboring parts, whatever be their nature or tissue, as well as the taint, or unhealthy disposition of the system, the operations for this purpose are very often followed by relapse. Unless, however, the case does not permit complete ablation of the tumor, or there should be indications of the disease existing in other regions of the body, or the pulse is quickened by the local irritation, in which case, so far as I have observed, recovery never follows an operation, it is the duty of the surgeon to give the patient the benefit of the chance that is thus afforded; and, of course, the sooner that this is done the better, after the nature of the malady is ascertained. The prospect of permanent relief seems most favorable when the disease is seated in the testicle and bones, and most hopeless when the eye-ball is affected."

Cataract.

Mrs. F., of Indiana, was introduced into the Ophthalmic department, November, 1837. She had grey cataract of both eyes. Her age was 47, her temperament nervo-phlegmatic. She had labored under the disease upwards of two years, and fifteen months before had been operated on with a needle introduced through the sclerotic coat of the left eye. Whether the operator depressed or only broke up the lens could not be known—the appearance of the eye was nearly the same as that of the right, and the amount of light admitted not much greater. Her health was good, and Professor Drake, her pupils having been dilated with extract of belladonna, operated on her in the surgical amphitheatre, in pre-

sence of the medical class, the next day after her admission. Presuming the cataract of the left eye to be merely capsular, and that the lens had been displaced or absorbed, he introduced a straight needle through the cornea. The opaque capsule was extremely brittle, and almost entirely disappeared before the touch of the instrument, a small quantity of milky fluid at the same time spreading through the aqueous humor. The pupil imdiately became black, and the needle was withdrawn. In proceeding to operate on the other eye, the Professor remarked, that the lens was undoubtedly there, and although its capsule might be opaque, like that of the eye just operated upon, still the body of the lens might be so likewise. He resolved, therefore, to introduce the needle behind the iris, and thus be able not only to lacerate the capsule, but to break up and depress the lens. But in attempting to do this he was foiled. The needle passed through the lens without depressing it, as it was soft, and he could not direct its point so as to penetrate the capsule. The cause of this, as he stated to the class, was that the instrument had penetrated the sclerotica, so near to the iris, that its point being straight, could not be directed forward into the pupil, and this again arose from the eye being deeply placed in the socket, and from its receding still further, by muscular contraction, at the moment when the point of the instrument made its first approach to the conjunctiva through which it was to pass. Had the curved needle of Scarpa been employed, its point directed forward would have perforated the capsule. No farther efforts were then made.

Great nervous depression, with nausea and vomiting, ensued; and for four or five days the patient was unable to raise her head from the pillow without nausea. Sinapisms were repeatedly applied to the epigastrium, and always with temporary benefit. She also took antispasmodics and narcotics with some advantage; but purging seemed to afford more relief than either, especially to the gastric symptoms. The eyes scarcely reddened, and no perceptible inflammation occurred to either. At the end of a fortnight, it was resolved to operate on the right eye again. The pupil being dilated, the Professor attempted to penetrate the lower and outer part of the cornea with a common sewing needle; but found that it would not pass through. He then took up a Hey's needle, with which he perforated the cornea; but at the moment when it

passed through that membrane, the patient, by a spasmodic movement, threw her head back with such sudden force as to cause the assistant to recede, and the needle was drawn out, followed by the greater part of the aqueous humor. The needle was re-inserted through the same orifice, and made to penetrate the capsule, which was opaque and much firmer than that of the left eye. As soon as this was done, the lens, semi-opaque and semi-solid, escaped in quantities round the shaft of the instrument, constituting a kind of extraction by the use of the needle alone. No inflammation whatever followed the operation, and the nervous irritation was considerably less than after the other operation. She had two or three severe attacks in the eye-ball, which were relieved by narcotics. In less than a fortnight she returned home. The sight of the left eye was perfect: that of the right eye appeared to be returning; but the pupil was still partially filled up with the fragments of the capsule, to the removal of which it was hoped the solvent power of the aqueous humor, and the action of the absorbents would be adequate.

The Professor thought this case of value to the students of ophthalmic surgery, as illustrating some of the minor causes of failure in the most simple operations for cataract. The temperament of the patient greatly predisposing her to spasmodic action, and the sunken state of her eye-ball, in fact rendered it injudicious to introduce the needle behind the iris; for after its introduction, the shaft of it was drawn back against the bony margin of the orbit, and the point of it could not be directed forward to destroy the capsule; and the same muscular sensitiveness led to the sudden and unexpected recession of the patient's head in the second operation, withdrawing the eye from the instrument. The Professor observed, that in no department of practical surgery, can small circumstances produce failure more readily, than in operations on the eye; wherefore on proceeding to the performance of the most easy and simple among them, the surgeon should, if possible, reproduce in his mind all the causes of failure that have been known to him. As an example of this prudential care, he cited, with approbation, Mr. Wardrop, the translator of Baron Wenzel's work on the extraction of the cataract, who tells his readers, that he never proceeded to that operation, without first reading over the thirteen rules or steps in the operation which he had himself laid down.

Sloughing of the Cornea, and Protrusion of the Iris.

In the month of November, Mr. O., a young man from the country, presented himself at the Infirmary, with his left eye in a state of inflammation. He was unable to raise the lid, so that the eye-ball could be inspected, and the muscles were so irritable, that it was almost impossible to accomplish that object. Every attempt of the fingers was productive of a rush of blood to the parts, and a most copious flow of tears. The inflammation had existed for a number of weeks. His general health was good, and the other eye healthy. At length a sight of his eye-ball was obtained, when it was found that a large opening existed in the lower part of the cornea, with an extensive protrusion of the iris. The conjunctiva of the lids was thickened, granulated, and loaded with blood—that of the globe was in a state of congestion.

Prof. Drake observed, that although in ulceration and sloughing of the cornea, constitutional treatment, sometimes mercurial and sometimes tonic, was often required, in this instance the general state of the patient's health was such as to render it unnecessary, and that local applications only could be relied upon. That these should be of two kinds—leeches to the eye-lids externally and internally, and nitrate of silver to the ulcer. As the protruded iris plugged up the orifice and retained the aqueous humor, he made no excision of it; but preferred first to transform ulcerative into adhesive inflammation, and effect a union between the cornea and iris, by the application of the caustic, adding that the applications for these purposes might probably cause sloughing of the projecting portion of the iris. Pencil nitrate of silver was accordingly applied daily, the eye-lids being held open, and water dashed upon the part, after a few seconds, to prevent the spread of the caustic over the conjunctiva. Every other day he was leeched. Under this treatment the inflammation abated kindly; but the iris remained in a state of hernia.

The Professor, finding that it resisted the action of the caustic, at length cut off the protruding part with a pair of curved scissors, and continued the caustic. Very soon afterwards it was discovered, that the cornea had began to cicatrize; and in two or three weeks, a false membrane had formed over the whole aperture, all protuberance being gone. Above, the cornea was transparent;

but the pupil was drawn down and closed. At this time, December 25th, the inflammation of the eye is nearly gone, and the patient can raise the upper eye-lid high enough to permit an inspection of the eye. The inordinate secretion of tears has also ceased. This patient was leeched nearly twenty times on the outside and the inside of the eye-lids. On one occasion the leech, instead of fixing on the conjunctiva of the lower lid, siezed on the sclerotica, near its junction with the cornea, and perforating the tunic, drew out great part of the aqueous humor, so that the cornea fell back against the iris. Much ecchymosis of the front of the eye-ball was, also, the consequence of this accident. In two or three days, however, the congestion was gone, and the aqueous humor reproduced.

In reviewing this case, Prof. D. took occasion to express his high opinion of the efficacy of solid nitrate of silver in corneal ulceration, expressing his regret that physicians do not constantly resort to it on the first appearance of ulcerative action in the endemic ophthalmia of this country. He had seen it repeatedly arrest that kind of morbid action, at its commencement, and thus preserve the cornea from perforation, and the iris from protrusion. He also spoke with emphasis of the great value of leeching, in chronic ophthalmia, unattended with constitutional disorder. He would leech, and apply nitrate of silver or the sulphate of copper, at the same time. The former would carry off the local plethora, and the latter, by constringing the vessels, prevent its return.

Fistula Lachrymalis.

Mrs. T., of the State of Ohio, the subject of this report, was an outstanding patient of the Infirmary. She is about 35 years old, of a nervo-lymphatic temperament, and generally enjoys good health. Almost from her childhood she recollects, that the tears used to collect in the lachrymal sack of the left eye, and that by pressing upon it, they would be made to flow down into the nostril. About the first of October, of the present year, she perceived that she could no longer do this, and at the same time the sack and surrounding parts became inflamed. At the end of a week, during which the swelling and pain constantly increased, she came to Cincinnati to consult Prof. Drake. He found that an abscess was forming, and directed leeches, with the subsequent use of a solu-

tion of acetate of lead, which, indeed, she had been already employing. She had no fever. Being under the necessity of returning home immediately, he did not see her again for nearly a month, when she returned with a ruptured abscess on the cheek, below the internal angle of the eye, from which there was a free discharge of tears and pus. Nothing whatever passed down the *ductus ad nasum.* The opening into the abscess was so low down, that neither a probe nor syringe could be made to reach the orifice of the duct, through it, in such a direction as to pass towards the nose. Recourse was then had to the *puncta lachrymalia;* but they were found too small to admit the finest probe. It was necessary then to extend the opening in the abscess up to the sack, which, as the parts were not very sensible, a common circumstance in such diseases, gave very little pain. The foramen could now be reached with facility; but a blunt silver probe could not be passed down the duct, nor any impression made upon it with the syringe. Foiled in these efforts, and unwilling to pierce the *os unguis*, the Professor had recourse to a large, strong surgeon's needle, grasped near its middle, with a pair of forceps. Its curvature favored its introduction, and without much difficulty its blunt end was introduced into the duct. The force that was then found necessary to push it through, was at least equal to what would have been required to push it the same distance into a piece of cork; and the pain which the patient experienced was very great. The passage being opened, a silver pin, with a small head, and slightly curved, which had been used in the operation for hare-lip, was introduced, and its head lodged within the sack. Considerable inflammation followed these violent operations. In two days the pin was withdrawn, covered with pus. At this time Prof. D. had just received, from Dr. McDowell, of Virginia, the interesting practical paper inserted in this number of the Journal, on the use of slippery elm bark in the treatment of diseases of the mucous canals, and among the rest of the *ductus ad nasum*, and he resolved to give the recommendation a trial in this case. Accordingly, a tent or plug, about one line in diameter, swollen into a small head at one extremity, was dipped in warm water for a few seconds, till its surface became soft, and then introduced. When extracted the next day, it had swollen a little, and was covered with pus. The patient found it comfortable, and it was thenceforward the

only substance introduced. The external opening, kept covered with adhesive plaster, discharged nothing except when the dressings were removed, nor do the tears flow over the cheek. The abscess granulated rapidly, and it soon became necessary to omit the bougie; to which there seemed no objection; for it was easily introduced, easily extracted, and always came out so covered with *healthy* pus, as to indicate that little danger of a new obstruction existed. After the discontinuance of the bougie, the granulating surface, touched once or twice with sulphate of copper, rapidly cicatrized: but when the patient was about to start home, it was discovered, on pressing the sack, that a drop of tears issued through a very small orifice, which discharged nothing except when such pressure was made. Pointed caustic was immediately applied, and repeated twice; but not producing adhesion, recourse was had to the actual cautery, soon after which the patient was under the necessity of returning home, so that the effects of the application are not now known.

Prof. D. was of opinion, that had he relied on *silver* probes in this case, the obstruction in the duct could not have been overcome. They would all have bent under the force necessary to destroy it, and threw out the opinion that many cases, which have been treated by perforating the *os unguis*, might have been cured by the use of steel probes, slightly curved. Of the value of the elm bougie in this case, he thought there could not be two opinions. He supposed that nothing else could have done so well; and that this valuable native substance, which has not, as yet, ever been accurately analyzed, is applicable to a great variety of useful purposes in physic and surgery, to which it has not been applied.

Clinical Remarks of Prof. Harrison, on Intermittent Fever and Dysentery.

You will find, gentlemen, that this primary type of fever, intermittent, cannot be made amenable to any exclusive mode of treatment; but that to conduct the treatment judiciously, we must reflect upon, 1st. the general condition of the system; 2ndly, pay attention to the state of the chylopoietic organs, and, 3rdly, weigh well the complications which intermittent fever is liable to induce.

As regards the general condition of the system, we should ascertain whether or not there be an inflammatory or opposite diathesis present. Should there exist any deranged state of the functions of the digestive tube, marked by furred tongue, depraved alvine excretions, or confined bowels, we must rectify such a disordered condition of the abdominal viscera, before we administer quinine. Where there is an enlarged or tumid state of the liver, or an irritated or inflamed condition of the mucous tissue of the intestinal canal, we, of course, should, in our treatment of intermittent have strict reference to such, and other contingent complications. In cases where there exists a positive plethora, or fulness of the vascular apparatus, or where a relative plethora of particular organs is obviously present, as indicated by pain, and a crippled exercise of their appropriate functions, we find it expedient to deplete by general blood-letting, carried to a moderate extent, or by the employment of emetics and purgatives. In a few instances of relative plethora tending to congestive irritation, or painful accumulation of blood, in an organ, such as the brain, or liver, you will find it an expedient preliminary measure, before employing any anti-periodic remedy, to abstract blood locally from the temples by leeches, or cups, or from the region of the liver, by the same process. If inflammation is distinctly indicated in either of the three great splanchnic cavities, we should, by no means, neglect a guarded employment of those depletory measures which will subdue it. After moderate depletion in all such cases of positive or relative plethora, as just referred to, we ought, in the exhibition of quinine for the arrest of the paroxysms of the fever, not lose sight of the modifying agency exerted by combination of medicinal substances of apparently a conflicting mode of action. Thus, there lies a man in that bed, who has been bled, puked and purged; for he had intense pain in the head during the interval of the attacks, accompanied with hot skin and full pulse. After this pretty free depletion, we directed the following prescription:

℞ Quinine grs. iij.
Tart. Emet. grs. ss.
Opium, " ss. M. ft. pil. One to be given every two hours.

This combination, or a similar one, with varying proportions of the constituents, has proved more successful than the tonic plan

alone. Sometimes I give a grain of tartarized antimony, or two grains of ipecacuanha, or antimonial powder, with one-third of a grain of morphine with the quinine. This combination has proved more successful in obstinate agues in Italy, than any other means of cure. Calomel may at times be added to the prescription, where there is a failure in the functions of the liver. There is no need, however, of salivation in such cases, unless the hepatic apparatus be considerably deranged. Such derangement being evinced by an enlargement of the organ, by jaundice, or persistent pain in the right hypochondrium.

Where there is not plethora, positive or relative, or inflammation, present in the case, and the primæ viæ are prepared for the reception of our great anti-periodic tonic, especially should the patient be much reduced in strength, as is the precise state of this man, Whitinghall, then we may administer the quinine with a bold hand. This patient took quinine in doses of several grains, for several days; but I found that his ague recurred regularly every day. I then determined to try the effect of large doses; so I directed him to have, in one day, two doses of ten grains each; but still he had a slight chill. I then ordered him two doses, of 20 grains each; one to be given at 11 o'clock A. M., and the other at 1 o'clock P. M., of the same day. These forty grains of quinine, given alone, broke, as we familiarly say, his ague; and he has remained well. Now, I wish you to ask this man about the sensations which he experiences in his ears. Upon inquiry, he will tell you, that he has a severe, heavy pain, penetrating both ears, seeming to pass through the petrous portions of the temporal bones. And this pain of the ears, with diminished capacity of hearing, has resulted from the large doses of quinine which he has taken. I have never found any phenomena present in such cases which would lead my mind to the inference, that this disturbance of sensation and function in the auditory apparatus was the product of any tendency to inflammation. I believe this singular effect of the remedy entirely a neuralgic phenomenon; and this is all I know about it. It passes off in a few days, without any impairment of hearing.

I wish, young gentlemen, to guard your minds from a too common error, entertained on the subject of one of the complications of ague and fever. I refer to an enlarged state of the spleen,

commonly called by the people "ague cake." Twining, a late author, who practised, with distinguished ability, for some years, in the East Indies, has cautioned us against the excessive use of mercury, in diseased spleen, accompanying or succeeding intermittent fever. And I would reiterate the language of monition uttered by him, and say to you, beware how you attempt to cure enlarged spleen by salivation, especially in such cases as are affected with a "splenic cachexia," as the author denominates that enfeebled state of the constitution, which is often the accompaniment of splenic enlargement. The most successful mode of conducting the treatment of such cases is, after arresting the ague, to employ a combination of aloes and iron, as in this formula:—take of aloes six grains, sulphate of iron four grs., and garlic twenty grs., made into four pills, which are to be given during the day. Or we may employ this formula:

℞ Jalap, Rhubarb. Columba,
Ginger, and Crem. Tart., aa ʒi.
Ferri Sulphas grs. x.
Tinct. Sennæ ʒiv.
Peppermint Water ʒx. M.

The dose of this mixture, recommended by Dr. Twining, in his Clinical Illustrations of the Diseases of Bengal, for enlarged spleen, is one ounce, twice a day. Should it purge too actively, half the quantity may be directed.

But, gentlemen, let us turn our attention to another form of disease, which is frequently met with in the practice of medicine. Here lies a man with severe symptoms of dysentery. He has tormina, tenesmus, and bloody evacuations from the bowels; besides, this poor fellow has experienced a loss of blood by vomiting, amounting, Mr. Kimball says, to a pint. The hæmatemesis occurred in the night, and the blood thrown up was of a dark grumous character. No doubt, it took place by exhalation, and not by rupture. This sanguineous emission from the upper portion of the alimentary tube, will, I think, act remedially. This patient has, according to my views of the pathology and cure of dysentery, taken too much morphine, before his admission into our hospital. What is the pathology of dysentery? Certainly, it is essentially a disease of inflammation. Of what part of the intestines? Of the colon and rectum; the mucous coat of both these bowels being inflamed in acute forms of the affection, and in chronic dysentery ulceration most frequently supersedes.

But dysentery is modified in its character by its etiology, the constitutional powers of the patient, and various other modifying circumstances. Still it retains some of its original features. It is an inflammatory disease, and requires a treatment in accordance with such a pathological state. Understand me not as recommending an indiscriminate depleting mode of treatment for all cases of dysentery. I do not believe in any abstractions in the practice of medicine. All cases of disease are ever varying modes of abnormal vital manifestation. All *a priori* conceptions of disease are to be banished from the bed-side, nor are we to be misled by the name of inflammation, when applied to a disease. Inflammation is no more a unit, one and the same and indivisible, than is fever. When, therefore, we urge that the true pathological character of dysentery is inflammation of the lower bowels, we are not to be understood as asserting that the disease can be cured precisely as we cure an inflammation of the lungs, or of the brain. Our treatment must undergo necessary modifications, in order to fulfil those contingent indications, which are so apt to arise in the progress of the disease. Besides, it is of primary importance for us to keep in view this important truth—that an inflammation in a mucous tissue cannot be treated precisely like an inflammation in a serous tissue, or in the parenchymatous structure of the organs. Dysentery from miasmata demands a treatment somewhat different from a dysentery resulting from mere vicissitude of atmospheric temperature. In bilious or hepatic dysentery, of a miasmatic origin, after sanguineous evacuation, we employ calomel in scruple doses, aided by castor oil, until we elicit a free discharge of bile. In a case of dysentery arising from cold applied to the surface of the body, vascular depletion may be carried to a greater extent, both generally and locally, than in dysentery from hepatic derangement. Opium, or the salts of morphia, are frequently employed too early in dysentery. But we cannot dispense with the invaluable soothing action of this great anodyne in the latter stages of the disease. Ipecacuanha, with opium, has been exhibited with decided curative results in dysentery, in both its acute and chronic forms. From five to twenty grains of ipecacuanha are administered once or twice every twenty-four hours, in conjunction with one or two grains of opium. The Dover's powder, as you know, contains equal parts of ipecac and opium, and therefore cannot be so advantageou-

employed in the first stage of the disease as a combination of the same constituents of the prescription, given in different proportions.

Where a patient is affected with dysentery and ague at the same time, we should, after due depletion by the lancet, or by a local depletion of blood from the abdomen, proceed to arrest the paroxysms of the intermittent. To this end we give the following:

℞ Calomel ℈j.
Ipecacuanha grs. x.
Sulph. Quinine grs. xij.
Opium grs. iv. M. Divide into four pills.

One of these pills is to be given every two hours, so as to have the whole of them administered at least half an hour before the anticipated seizure of the ague, or chill. Allowing a few hours to elapse, or after the usual period of the paroxysm has passed, we give a dose of castor oil, to facilitate the operation of the calomel on the secretions of the liver and mucous tissue of the great intestines. The diet in dysentery should consist of the mildest and most unirritating substances, taken in a fluid form, and the patient should never be allowed any solid aliment, in such cases, even during convalescence, as the fœcal contents of the colon, which are the result of solid alimentary materials, will renew, or greatly exacerbate the irritation of the bowel. Rice, gum arabic, slippery elm, Irish moss, &c., are the most eligible substances to be used by the patient in a state of weak solution, and drank tepid, in moderate quantities, at a time.

Here you have a case of intermittent, complicated with acute pain in the left side; which I consider to be an affection of the spleen; perhaps some degree of splenitis. Of this, however, I am not certain; for inflammation of the spleen is of very infrequent occurrence. Whilst I attended on the Marine Hospital, in Louisville, Ky., a case occurred of rupture of a vessel in the spleen, which caused the death of the patient, by a large effusion of blood into the cavity of the abdomen. The man had been intemperate, and was subject to ague and fever. In one of the paroxysms of ague he suddenly died. The immediate cause of his sudden death was discovered, upon a post mortem examination, to be this splenic hemorrhage. The spleen seems to act in a manner auxiliary to the liver, in preventing those dangerous consequences which threaten that great transmitting and secreting organ in every great inequilibrium of the circulation.

ART. II.—HEPATIC ABSCESS OPENING EXTERNALLY. DISCHARGE OF BILIARY CALCULI. RECOVERY. Communicated by Dr. G. C. Starbuck, of Rochester, Ohio.

Mrs. L. of Rochester, aged about 53, an emigrant from Virginia, who had previously enjoyed good health, was attacked, in October 1835, with remitting fever, attended with pulmonic and hepatic congestion. An active antiphlogistic treatment soon arrested the febrile action; but it was succeeded by an induration of the right lobe of the liver, and disordered functions of the stomach. By the aid of blue mass, tonics, and counter-irritation, her general health improved. She remained subject, however, to occasional exascerbations of pain in the right hypochondriac and epigastric regions, attended with nausea and vomiting, diminished arterial action, and great prostration of strength. These exascerbations continued to increase both in frequency and severity, for the ensuing 12 months; sometimes preceded by rigors and an increase of the hepatic tumors, and succeeded by purulent evacuations per annum.

About this time the tumor (having descended nearly to the pelvis) pointed externally about 1 1-2 inches from the superior anterior spinous process of the ilium, nearly on a line from that process to the ensiform cartilage. The integuments gave way, so as to admit the discharge of a thin sanious matter, in small quantities. After a continuance of this discharge, for two or three weeks, without affording any relief to the patient, the opening closed.

This was the condition of the parts on the first of December 1836, when I was called into consultation with Dr. Thacker, who had had charge of the case for some months. The patient was considerably emaciated. The functions of digestion and assimilation much impaired, and she scarcely passed a week without having an exascerbation of pain and purulent discharges. Fluctuation was tolerably distinct in the tumor, and the integuments, around where the fistula had been, for the diameter of an inch, were discolored and protruded.

After a patient investigation, we agreed to adopt the hint afforded us by the *vis medicatrix naturæ*. Not knowing the extent of the adhesion, we concluded to introduce the lancet where the abscess had been discharging, with the point directed towards the

crura of the diaphragm, being confident that we could, in that manner, reach the collection of pus, with a common abscess lancet. But the result somewhat disappointed us.

The patient was placed in an erect position, and I secured the tumor as well as I could, by grasping it with my left hand, and introduced my lancet. I found much more resistance in the parts to be divided than I anticipated, having to make two or three thrusts, and elevate the point each time, before I could carry it to the depth of 1 1-2 inches. No hemorrhage succeeded the operation, and but trifling discharge of pus. We concluded, however, that by keeping the orifice open the contents of the abscess would shortly be discharged; wherefore we introduced a tent, and applied an emolient poultice, and the ensuing morning the tent was forced out of the wound, and the surface of the poultice covered with biliary calculi.

They were about the size of garden peas, of a pale orange color, and about the consistence of yellow wax, only not so tenacious, nearly equal in size, of a spherical form, but exhibiting some flattened surfaces, such as would be produced by crowding them together, and in number about fifteen or twenty.

Our patient would not submit to an examination with the probe, but there was no subsequent discharge of calculi, and her health rapidly improved. The orifice discharged but little, yet the tumor gradually subsided, and at the end of three months from the operation, it had nearly disappeared, and the integuments were sound.

The foregoing case affords a beautiful illustration of the efforts of nature to throw off a morbid excitant, and of the failure of those efforts, until they were assisted by art.

At different times, she had nearly all the symptoms characteristic of the passage of calculi through the biliary ducts; and the purulent discharges from the rectum must have been occasioned, by the hepatic abscess bursting into some part of the intestines. Although none of the calculi were discovered in the evacuations, yet the probability is, that some escaped in both of those ways, and were either unnoticed, or dissolved in the contents of the bowels. But these openings not being sufficient for their complete evacuation, an attempt was made to discharge them through the parieties of the abdomen. The natural opening thus formed,

being still insufficient for their escape, I know not what expedient would have been her next resort. But here Art "came to the rescue," and by making a sufficient opening at the point where Nature had made an unsuccessful attempt, removed at once the cause of all the phenomena, and the health was speedily restored.

P. S. Since writing the above, I called to see the patient, and found her engaged in domestic affairs, with a cheerful, healthy countenance, and considerable muscular strength. She informs me, however, that the orifice has never remained long closed. There now appears to be a small fistulous opening, the discharge from which is very trifling, and a little induration extending from it to the extremity of the lower rib; and she has had no pain or soreness of the parts, since the discharge of the calculi.

April, 1837.

Art. III.—Elm Bark in Surgery.

An account of the use of the Bark of the Slippery Elm tree (Ulmus fulva) for Bougies, Tents, Catheters and similar purposes in Surgery.

By William A. McDowell, M. D., of Fincastle, Virginia.

In 1819, the use of Slippery Elm tents was recommended to my attention by my friend, Dr. John Fleece, of Danville, Ky., as more easily introduced, more pleasantly worn, and better adapted to keep an issue or seton open, than any others. His assertions were amply sustained, by the effects produced in the case of a gentleman whom we there jointly attended.

Lumbar Abscess.—From a lumbar, or psoas abscess, the pus had descended to the thigh, and was there lodged, not under the fascia, as is common, but deep-seated, around the bone; of which the periosteum was destroyed. An incision, or puncture, had been made into the abscess, with a bistoury, about the middle of the thigh. This puncture was liable to obstruction, by curdly lumps, that floated in the pus, and such obstruction was always attended with great increase of tension and pain. The case seemed hopeless; but an enlargement of the fistula was obviously proper, and the patient objected to the use of the bistoury. It was in this situation, that the alternative of a Slippery Elm tent was determined upon.

A strip of the seasoned inner bark, long enough to reach the

bone, and to leave an external portion to be bent down over the skin, (by which it could be withdrawn) smoothly polished, rounded at the point, and shaped as nearly to the size of the puncture as we could get it, was dipped for a few seconds in tepid water. Covered with mucilage, and so slippery that it could with difficulty be held in the fingers, it was introduced into the sinus; where it remained 12 hours, without (according to the patient's report) producing one disagreeable sensation. On its removal, the sinus was found to be enlarged from one-fourth to one-third of an inch, by the expansion the seasoned tent had undergone. Another tent was now prepared, of the size of that just removed in its expanded state, to be next introduced; and so on, in succession, they were used larger and larger, until the opening was made as wide as seemed necessary, without pain, or effusion of blood.

Mammary Abscess.—Tents of this description, I have found particularly advantageous in the treatment of mammary abscess.

In cases of deep-seated abscess, but not answering the description of a disease under that name, as given by Mr. Hey; (such I never saw); but in cases, or more especially in a case, of long standing, with deep sinus, dipping into and through the mamma; with the gland in an indurated, rough, and enlarged condition; I was completely successful, by tenting the different sinuses.

A case of this description had been pronounced cancerous, and I was employed on account of the belief that extirpation must be performed. The tents were made thin, and softened in water, until their flexibility admitted of their following the devious course of the sinus, without the application of force or violence. In six or seven days, the secretion of healthy pus commenced throughout the sinus.

The external openings were enlarged in this, and in most cases, through the skin, with the point of a lancet, previous to introducing tents. After the secretion of healthy pus occurs, the tents should still be made as wide as ever, but a little shorter every day or two, and thinner at the point, and at the sides, that no violence may be done to the granulatious.

Gun-shot Wounds.—In all abscesses, sinuses, or wounds, that require tenting, the Slippery Elm merits a preference. To widen a sinus, or to prepare it for the extraction of loose bones during the process of exploration, their superiority is obvious.

A young man of this town, walking behind a companion whilst hunting, and almost in contact with the muzzle of his gun, received the contents of his musket, shot and wadding, (accidentally discharged) in his shoulder. About an inch of the centre of the clavicle was shattered, and the fragments carried deep into the wound. Some of the shot passed out through the scapula, and some posterior to and below the middle of its basis; the rest, together with most of the wadding (which was of dry leaves,) and portions of the clavicle, lodged against its flat side. This wound was tented, with broad and thin tents, to keep the opening wide, yet not to prevent discharge, until all the foreign matters were removed with slender forceps, and until the wound healed from the bottom outward.

Strictures—Case 1st.—Jan. 13, 1831, I visited Mr. C.—— at his father's, in this country, near Haweytown. I found him shut up in a stove room, heated to about 100 degrees, and rolled in blankets, yet tormented with rigors; his emaciation extreme, complexion chlorotic, tongue furred, and countenance unhappy. Mr. C—— (now Dr. C——, of Indiana,) had some weeks previously returned from North Carolina, where he had been advantageously engaged in gold-mining, until he was interrupted by the violence of the disease. It had been gradually increasing for more than three years; within which time, he had been under the management of several physicians—some of them eminent. They afforded him none, or but very transient relief. From his mines he visited Charleston, and several intermediate places, in quest of surgical aid; but deriving no benefit, he returned to the mines in despair, sold them, and relinquishing all his golden expectations, came back to Bath-Court, to die among his kindred. On arriving at his father's, he put himself under the care of a physician, whom I conceive to be inferior in professional ability to but few in Virginia. After enduring his management for about four weeks, Mr. C—— abruptly dismissed him and sent for me. He said Dr. —— had cauterized him nearly to death, and in despite, too, of his repeated protestations, that this plan had been tried over and over before, and had failed; and he even shuddered as he spoke of his sufferings. The stilet, I learned, had also been used with no better effect.

I inserted an ordinary bougie, of which he had a variety, and

at the distance of about three inches, met with a stricture opposing firm resistance: the largest bougie it would admit was smaller than a crow's quill. Not knowing exactly what to do for the stricture, I did nothing. For his general health, I prescribed a purgative of salts and magnesia, and a blue pill of five grains, to be taken daily; a hip-bath occasionally; and a gradual reduction of the temperature of his chamber; leaving him with a promise to visit him again in a few days.

In the course of my reflections on the case, it occurred to me, that one of those expanding Slippery Elm tents, might be shaped into a bougie, that would expand and cure this stricture; and I forthwith rode out and made the trial. A piece of dried inner bark, shaped to the size of a bougie that would pass the stricture, and slightly tapered, was, after remaining a few seconds in tepid water, passed through the stricture; pushed firmly into it; and suffered to remain four hours. It produced less uneasiness than was anticipated: of pain there was none, and the uneasiness seemed to be overbalanced by the mental relief arising from the contemplation of a new project. On removing the bougie, which required a severe pull, a perfect impression of a stricture, from a fourth to a third of an inch broad, was indented around it; rough, and pitted on one side, as if it had been impressed with a thimble. The bougie had expanded considerably, except that portion of it which was embraced by the stricture. There it appeared but little enlarged, and the bulge beyond had caused the difficulty of extraction. I now prescribed the introduction of such a bougie, every day or two, to be retained as long as it could be tolerated; a blue pill to be taken every third day, and the bowels to be kept open with saline purgatives. The dilatation was at first very gradual; but in ten or twelve days, so large a bougie was required, that it became necessary to double the bark, by gluing the flat sides of two pieces together. On the 17th February he was dismissed cured, and has never since been troubled with the disease.

The slow progress (when compared with any other case that I have since encountered) and difficulty, in the dilatation of this stricture, I have ascribed to the oft-repeated incisions with the stilet, and the ulcerations from the caustic, having converted its inner surface into a cicatrix, with diminished expansibility.

The bougie here recommended, and brought by this case di-

rectly in comparison with the caustic and the stilet, it must be evident to any one acquainted with these diseases, is not calculated to supersede either of them; and I recommend it only as an additional agent in treating strictures; yet, in a great majority of cases, it is decidedly superior to either, or to any other plan of which I have any knowledge. It is particularly adapted to all strictures, proceeding from spasmodic contraction, or from circula thickening of the membrane, or from callosity, or indurated enlargement of the surrounding corpus spongiosum, or of the prostate gland.

But in case of obstruction from a thickening of one side of the urethra, projecting as an excrescence into the canal, in the form of a wart, I can conceive nothing short of extirpation to be adequate to effect a cure; and no plan strikes me, as so eligible for effecting this, as the application of caustic. The stilet would be wholly inadequate, and from the expansive bougie, only temporary relief could be anticipated. It is true, that tumors, even warts, may sometimes be removed from the surface of the body by pressure; but it must be long continued and firm; to a degree not to be endured on a structure so delicate as that of the urethra. In cases of total obstruction, from filling up, or obliteration of a considerable length of the urethra, the stilet is, I conceive, without a rival; and we have no alternative to it but incision trough the integuments.

Case 2d.—July 9th, 1828, I visited, in the night, Isaac, aged about 55 or 60, a negro man, belonging to Gen. Carington, of Halifax county, who was at the General's plantation, in this neighborhood. I found him suffering much from retention of urine; the bladder much distended, pulse full and hard, and his tongue furred. He had passed no urine, except in dribs, and in all amounting to but very little, for more than 48 hours. I bled him copiously, and immersed him in a hip-bath. No relief being obtained, I attempted the introduction of a cathetic; but was not able to accomplish it. On introducing my finger in the anus, to direct the instrument, I found it had stopped at the prostate; which appeared to be of the natural size and form. I withdrew the instrument, and inquired if he had been subject to such attacks. He said he had, for about eight years; not so frequently in former times; but that they increased on him, so that he lately

had an attack every two or three months, though they were not often so violent as in the present case; that some of the physicians in Halifax had frequently attempted to introduce the instrument I had just tried, but none could succeed; that he had not been able to labor for three or four years, and that his urine, at all times, dribbled away from him. I repeated the bleeding, carrying it nearly to syncope; administered emollient enemas; repeated the hip-bath several times, and exhibited full and frequent doses of sp. nit. dulc., which, in the course of the night, relieved him. I then prescribed saline purgatives daily, the hip-bath and nitre occasionally, with a decoction of mallows for constant drink, until he got over the attack.

I learned from the overseer, that Isaac had been a few weeks since sent by his master from Halifax to this plantation, to be maintained pretty much as a pensioner on the estate. From this time, until June 1831, I frequently attended him in such attacks, and in their intervals made several trials with the bougie, on the plan recommended by Mr. Abernethy. They did no good, and my patient informed me, that in this, too, I had been anticipated by physicians in Halifax.

June 2d, 1831, I visited Isaac in one of his usual attacks, the first since my experiment on Mr. C——. After a few days spent in relieving pain, and allaying inflammatory action, I introduced a Slippery Elm bougie into the bladder. It produced very little irritation. He retained it more than five hours, and sat, stood, or walked about most of the time. On withdrawing it, blood flowed for a few minutes, and an impression of a stricture about one fourth of an inch broad was made on the instrument. I shaped another bougie to the size this had attained by expansion, and directed him to come to Fincastle as soon as soreness from this operation subsided, that I might repeat it. No soreness followed; and with four bougies, and within a week, I succeeded in dilating this stricture somewhat beyond the natural calibre of his urethra. It required a moderate pull, on withdrawing the last bougie, through the whole length of the urethra, from the prostate gland to the orifice. There has been no return of stricture; he has enjoyed, ordinarily, good health, and makes as good an operative as any man of his age on the plantation.

Since 1831, I have used no bougies but those of Elm bark. I

examine strictures with steel sounds of various sizes, and have invariably cured them with elm bougies. But not always with the facility and despatch indicated by the foregoing cases. Several cases, recent and of less historical importance, have given me much trouble and perplexity. As in the following example:

Case 3d.—Mr. —— consulted me March 30th, 1834. He had labored under gonorrhœa since June 1832, and in August 1833, suffered long and severely from swelled testicle; since which time his gonorrhœa had frequently ceased, sometimes a week or two, and recurred again. For a while previous to his application to me, he had discovered, that the stream of urine was lessening, and that it was occasionally voided with great difficulty, dribbling away, and now and then totally obstructed for several hours together, causing him much uneasiness. His gonorrhœa was purulent; but whether he might not have renewed it occasionally in the time, he could not satisfactorily decide.

After he had urinated and used the syringe, I proceeded to examine the urethra. At about 2 1-2 inches was a stricture, admitting a very small bougie. One made of elm bark, a little tapered, was introduced. It produced uneasy sensations, and a shuddering; but in 10 or 15 minutes he was sensible of no uncommon feeling; and on examining the bougie, I was able to push it several inches farther in. It was soon loose again, and was withdrawn, and a larger one substituted. This remained three or four hours, and when withdrawn, exhibiting a thread-like mark of a stricture. Next day another was introduced, which expanded it to the full natural size. On attempting now to pass a sound towards the bladder, I encountered another stricture, at the junction of the membranous portion of the urethra with the bulb; which I concluded to dilate next day; but on examining then, I found it was gone; the urine flowed in a full stream, all uneasiness had ceased, the gonorrhœa had almost stopped, and in a day or two was well. He remained apparently well two weeks or more, and then began occasionally to feel uneasy sensations when urinating; and, finally, the difficulty of voiding, and smallness of the stream, caused him to consult me again. April 18th, I found the stricture nearly as narrow as before, but quite as easily dilated; and the cure seemed again as perfect. The same occurred afterwards, May 10th, June

3d, and finally July 5th. At this time I shaped my bougies larger and larger each day; giving a bulge to the part to be fitted into the stricture, until the last bougie, when withdrawn in its expanded state, exceeded half inch in diameter; yet this gave him no more pain than others, nor any other feeling, than a sense of numbness in the part. Acute pain, however, was experienced when the expanded portion passed out of the orifice. He since remains well.

Fistula in Perinæo—Case 1st.—In Oct. 1824, I visited a negro boy aged 12, the property of Mr. M. of this county. He had several fistulous openings in the perinæum, through which he passed all his urine. There had been considerable sloughing of the part, and that process still continued. On passing a sound into the urethra, I found the part within the scrotum filled with a calculus. I pushed it back, enlarged one of the sinuses, and extracted it. I prescribed a course of treatment calculated to produce present relief, and requested his master to send him to town as soon as he was well enough for farther treatment. He was so much relieved, that he was not sent until the following spring; when on the 9th May, I made incisions through the callus of the fistulas, from the perinæum to the urethra, and suffered him to pass no urine without a catheter, until the part had healed. When it was found that all his urine flowed by the natural channel, I permitted him to return home; but advised that his urine should still be passed by the catheter for a few weeks; which unfortunately was neglected, and a fistulous opening made its appearance again. The disease progressed, and was unattended to, until May, 1834, when he came to town. There were now several fistulas, proceeding from different orifices in the membranous portion of the urethra. From the anterior sinus forward, the urethra was totally impervious for the space of at least two inches—filled with a grisly callus. He was much reduced, and labored under hectic, with copious night sweats.

Before proceeding to any operation, except to widen, externally, one of the fistulas, that the urine might descend with less interruption, I kept him 13 days on a course of alteratives and tonics. The time was more than was requisite; but I had difficulty to determine in what manner I should operate, or whether I would operate at all. The negro's supplications at last determined me in the

affirmative; and I proceeded to make an opening through the obliterated portion of the urethra, with a stilet. A silver catheter was then introduced into the bladder, and the fistulas were incised, the wound dressed, the silver catheter removed, and one of elm bark introduced into the bladder, and then kept fixed, until all was healed. On the twenty-first of June, he returned home in good health. A small fistula has since occurred, and remains, but does not increase, nor impair his health. This man never kept his bed one entire day after the operation; but walked the streets more or less every day during his stay in town, with the catheter in his urethra; from which he never, during the time, complained of either pain or uneasiness.

The catheter of elm bark is thus prepared. I take a thin strip of the inner bark, from 1 to 1 1-2 inches wide, seasoned just so much as not to destroy its pliability, level the edges, and smear them with mucilage or glue; wrap the bark either spirally or longitudinally around a stilet, and roll with tape. The wire should be smeared thinly, but completely, with beeswax and tallow, to prevent its being retained by the glue. A good mechanic could make a nice article of this kind, which for the purpose of being left in the urethra, when a case may require such treatment, proposes great advantage over any other catheter, for when thus left, coated with mucilage, instead of acting as an irritant, it proves a fine emollient to the inflamed or lacerated parts.

Case 2d.—In January, 1835, Dr. W——, whilst on a visit at Buchanan, was taken with pain and swelling between the anus and ischium. He had suffered from a stricture of the urethra, at the bulb, for about two years. He had used bougies, but never had resorted to the stilet, or caustic. It had progressively grown worse, and for some time past, he had voided urine with extreme difficulty.

I visited him, January 7th, in company with Dr. Reed, of that town; examined the stricture, ascertained its calibre, and pushed an elm bougie into it: he became faint, and suffered much more than I ever witnessed from the instrument in any other case. The stricture dilated readily, but left on the bougie its impression for about one-fourth of an inch in width. His urine flowed after it with ease, and in a pretty full stream. On the following day, a

full-sized bougie was inserted, and suffered to expand. It gave no pain. After withdrawing it, I attempted to introduce a metalic catheter, but could not effect it, although it evidently had passed the stricture which was at the bulb. Examination of the prerinæum, and *per anum*, satisfied me, that it had entered a sinus, and I now plainly traced the swelling and hardness, which were near the ischium, on to the urethra. On the 12th January, Dr. Reed opened an abscess near the anus, and discharged a considerable quantity of pus and fetid urine. No other incision was made into this sinus, than this simple puncture, with an abscess lancet; no catheter was worn, or even introduced into the bladder; yet no more urine passed by the sinus, and it healed kindly, and was entirely well, without farther attention, in 8 or 10 days; his urine flowing boldly.

This case has induced me to believe, that the great difficulty generally encountered in curing *fistulæ in perinæo*, both recent and chronic; but especially if recent, may, in many cases, be consequent, as much on incomplete removal of the stricture that caused it, as to callosity, and change of action in the fistulæ.

Fistula Lachrymalis.—I have treated three cases of this disease with slippery elm bougies. In two of them, a slender probe could be passed, from the abscess, through the *ductus ad nasum*, into which bougies were introduced. Cures were effected in each case in about a fortnight.

The other case was that of a lady, whom I attended in the spring of 1833, at James River forge. She had labored under the disease for several years. The duct was completely obliterated. I perforated the callus that filled it, with a sharp, triangular pointed probe, and inserted successive dried elm bougies, until it was dilated to the full natural size. I then kept it tented for four weeks, with bougies of the *fresh bark*, before the external opening was suffered to heal. The cure is perfect.

Several physicians in this neighborhood have, on my recommendation, treated strictures with those bougies, and express themselves as well satisfied of their superiority as I have been.

Calculus and the Operation of Lithontritie.—There is no aspect in which I have ever considered in a more favorable point of view, the benefit which is likely to result from the expanding property of the slippery elm bougie, than in relation to Civiale's operation of lithontritie.

I cannot but indulge the pleasing anticipation, that with such assistance, the invention of that great benefactor of his race, must eventually set aside the gorget and the staff, as a forlorn hope, to be retained only as a dernier resort, and not to be required to achieve a triumph over calculus once in an hundred cases.

The power of a lithontritor, from a half to three-fourths of an inch in diameter, upon calculus in the bladder, needs no description. It is easily conceived in idea; and yet it is no mere ideality, or idle creation of the fancy, to believe that one of that size may be introduced. The urethra can be so expanded as to admit such a lithontritor. That it can, will be evident to any one who will duly consider the anatomy of the part, and the size of calculi that have passed through it. And, moreover, I have dilated it with bougies, to an extent exceeding the minimum of those measures, with but little effort, and without producing pain.

I have now in my possession a calculus, the greatest transverse diameter of which is six-tenths of an inch, the least, or that of the flat side five-tenths, the longitudinal eight-tenths, carefully measured, that passed spontaneously from a female patient in 1825, whilst using antilithics and diureties; viz. aqua calcis, spts. nitre, and decoction of mallows. Arterial action was kept down by blood-letting. Sir A. Cooper extracted eighty through the urethra, with forceps. The urethra indeed seems constructed for expansion, almost as perfectly as the vagina; it is full of longitudinal folds or rugæ, which when simply unfolded, more than doubles its dimensions, even without drawing upon its elasticity, which is as great as that of any other part of the body; for we see it contracting into strictures, from slight irritation; and expanding into sacs, of astonishing dimensions, by the force of the urine, impelled only by the moderate contractile power of the bladder; and the division of the prostate gland into lobes and its spongy texture well adapts it for yielding to dilatation.

I think it difficult then to say, to what dimensions it would be unreasonable to suppose the adult urethra might be dilated, by the very gradual expansion of the bland emollient material here recommended.

Over half an inch would not, I can declare from experience; and it was with a view to be able to speak more experimentally, on this portion of my subject, that I so long delayed to communicate

an improvement, that I consider so important in treating strictures, with the expectation, that I might encounter a case of calculus, that would justify a dilatation to the extent that the membrane was capable of bearing. But this is not the region for calculus, and I have neither met with, nor heard of a case, since commencing the use of this material for bougies.

The process of dilatation, with this substance, is calculated to prove beneficial too, not merely in affording more room for action, but by lessening the irritability and sensibility of the parts, and thereby preparing the patient to endure a lithontritor for a much longer time, as well as of greater size; in illustration of which I will here adduce a few facts. It is familiar to every one who has been under the necessity of introducing catheters or bougies, daily or oftener, that the first introduction is the most painful, and that each successive operation becomes less and less so, until at last nothing more than a pleasant titillation is experienced, but little, if any, greater in degree than was formerly experienced from the passage of the urine. And such is the case with every part of the body, as illustrated in the pituitary membrane, by the snuff-taker, in the retina, by the refiner and the glass-blower, and in the soles of the feet, by the pedestrian.

Independent of any effort at dilatation, we are informed, that Civiale always introduced a catheter or sound, for several successive days, previous to operating with the lithontritor, "to lessen irritability," and generally suffered it to remain in the urethra for several hours, and more especially, when the parts were unusually irritable. In one very irritable case, which he has related, the first introduction of the sound gave very great pain; but after operating with the lithontritor, so much had sensibility been diminished, that the passage of sand and soft gravel gave none.

A lady, upon whom I had performed the operation of lithotomy, in 1819, in Danville, Ky., had used anti-lithics, prescribed by quacks, by injection through the urethra—caustic alkali, among others—until the sensibility was so far impaired, that she was insensible to the contact of any thing that was applied to the part.

The surgical works and medical periodicals of latter years, abound in redoubtable obstacles to Civiale's operation; most of which have reference to the irritable state of the bladder and urethra, from the long continued pressure of calculi. An answer

to all of which, I conceive to be comprised in my preceding remarks on irritability. Others are worthy of more particular consideration, among which, enlargement of the prostate gland is generally advanced, as constituting an insuperable obstacle. The difficulty of introducing the instrument here seems to be the insurmountable part of the process. Now this *can* be surmounted by the elm bougie; but the question recurs, would it be advisable? In answer, I will venture as a surmise, that the pressure, from long continued efforts at dilatation, might chance to excite such a change of action in the part, as to effect a cure of the gland. A trial, surely, could not be amiss in a disease which is reckoned incurable. I have witnessed such results in indurated mammary glands, and why should I not in similar affections of the prostate? The effect of pressure made by bandages on external indurated parts is a familiar illustration.

Although I can admit no urethra to be too irritable, or too tender, no plurality of calculi too numerous, nor any stone to be too large for lythotritic, with a properly dilated urethra, yet there are cases wherein the lythotomist must come in aid. Patients who have stones that are encysted, I should not conceive to be safe subjects for lithotritic. But this is rare, and a surgeon who is master of his business can always detect it with the sound, before proceeding to any operation. And calculi sometimes, though still more rarely, adhere to the bladder. Morgagni gives an account of a large stone, with part of its surface thus attached. In the case of a gentleman on whom I performed lithotomy in Kentucky, a stone, the size of a hen's egg, adhered to the bladder with such firmness, that it was extracted with great difficulty. On coming away, about one-fourth of its anter lamella was wanting, and was found attached to the bladder, so firmly that it required time and considerable force with the scoop and fingers to detach it. Such cases would be detected with a sound, or with the lithontritor, by turning the instrument once or twice round, after grasping the stone. A precaution that should, at all events, and in every case, be observed, to gain assurance that no portion of the bladder was grasped, with the stone, by the forceps.

Those two situations *alone* appear to me as exclusively requiring the operation of lithotomy. Other contra-indications that have been arrayed against lithotritie, such as diseased bladder,

scirrhus prostate, severe affections of the kidneys, or of important vital organs, or calculus in very old men, with glary urine, &c., are, I conceive, equally inauspicious to either, and every operation.

Some caution is necessary in using bougies or catheters of elm. Although this bark possesses a degree of tenacity surpassed by that of but few trees of the forest, yet when seasoned, and in a very dry state, it would be liable, in the hands of a careless, or awkward operator, to break off in the urethra or bladder. To obviate this danger, it should be immersed in water, for a longer period when it is very dry, which will restore tenacity to its outer fibers.

October 1837.

Art. IV.—Death from Ulceration of the Appendix Vermiformis.

A Case of Death from Ulceration of the Appendix Vermiformis. By Wolcott Richards, M. D., of Cincinnati.

August 25th, 1837, called to see Mr. M——, who, I am informed, was seized the day before with chill, followed by fever. He is about 35 years of age. His general health good, with the exception of a slight dry cough, with which he has been afflicted for nine or ten months; unattended, however, by pain, fever, or any other symptom of pulmonary disease. He has head-ache, furred tongue, pain in his back and limbs, hot and dry skin, pulse about 90, and soft. Gave an emetico-cathartic, which operated freely. He vomited considerable bile; evacuations from the bowels dark-green and offensive.

26th, A. M., symptoms much the same; passed a restless night. Ordered 20 grains calomel, to be followed by calcined magnesia. Bowels freely operated upon. Evacuations watery, but of a better color.

37th, A. M., head-ache nearly gone; pain in the back and limbs removed; tongue still furred and moist; skin for the most part dry, though he says it has been moist at intervals; pulse about the same in frequency, soft. Gave calomel 2 grains, pulv. antimonials 5 grains, nit. potasi 2 grains, mixed, every four hours. Continued this treatment till the third of September, with slight

modifications, during which time his symptoms became daily more favorable. On the morning of the third, found him free from fever; skin very moist; tongue cleaning; pulse about 80, but quite small; complained of great debility. Ordered chicken broth—medicines to be discontinued.

Sept. 3d, P. M., not so well; face flushed, tongue dry, pulse quick; upon inquiry, found he had taken half a pint of claret, and eaten some chicken. Ordered calcined magnesia.

4th, A. M., quite comfortable, excepting cough, which has continued in a slight degree through his sickness. Ordered an emulsion of extract of liquorice and gum arabic, with one-twelfth of a grain of tart. antimony every two hours; anodyne at night.

5th, A. M., quite comfortable; cough abated; found him seated at table, enjoying a breakfast of beef-steak, toast and coffee; says he feels well, excepting extreme weakness; free perspiration; tongue clean; pulse about 90, and feeble. Desired him not to eat beef-steak, but to confine himself to broth, rice, toast, &c.

Sept. 6th, 10 A. M., called to see my patient, expecting to find him sitting up; but to my astonishment found him presenting the appearance of a man in the collapse of Asiatic cholera. He was in a most profuse sweat, which had wet his pillow and mattress through a doubled sheet; surface cold as marble; pulse 140, and very feeble; considerable difficulty of breathing: extreme tenderness of whole abdomen; pain and slight distension of the hypogastric region. He said these symptoms suddenly supervened the evening before, without any assignable cause, and had continued more and more aggravated ever since. Sent for me in the evening, but could not find me. How to account for this entire change in the condition of the patient within 24 hours, I was quite at a loss. He said he had eaten nothing since the breakfast before mentioned; that he took no dinner, and but a cup of tea at night. I concluded there must either be retention of urine or some organic lesions in the abdominal cavity. Ascertained that he had passed no urine for 18 hours. The bowels were opened freely in the evening, and again moderately this morning. The first evacuation was quite solid; the last rather thin; both of a healthy color.

At 11 o'clock, A. M., Dr. Drake visited him with me. A catheter was introduced into the bladder, but little urine was found.

Upon further inquiry of the boy who had charge of him, I ascertained that on the previous evening, just before these distressing symptoms supervened, the patient had eaten two very large apples, had sucked the juice of one or more lemons, swallowing some of the peel, and that he had drank most freely of iced water through the night. This was not deemed a sufficient explanation of his present alarming condition. Still it seemed important to evacuate the bowels. Gave an injection of castor oil and oil turpentine, and stimulated the surface of the body with oil of turpentine. The injection soon passed away, bringing a few small lumps of feculent matter.

8 P. M., medicine has not operated. Symptoms rather aggravated. Ordered the medicine to be repeated.

Sept. 7th, 7 A. M., symptoms much the same. Difficulty of respiration increased; great distension and tenderness of the whole abdomen; surface cold and wet; tongue not much furred; pulse 150, and scarcely perceptible; considerable thirst; no operation from the bowels; urine passes freely, but involuntarily. Ordered five drops croton oil, and one ounce castor oil, made into an emulsion, with loaf sugar and gum arabic. From this time, the difficulty of breathing became greater and greater, the pulse more and more fluttering, till 2 P. M., when he died.

Post Mortem Examination.—Eighteen hours after death, the body was examined by Dr. Drake, in presence of several medical gentlemen, when it presented the following appearances: The abdomen was greatly distended, and upon pressing it slightly, a dark colored fluid issued from the nose and mouth. Upon opening the abdomen, the surface of the bowels presented a highly inflamed appearance. The upper portions of the intestines slightly red; but upon tracing the canal downward, the redness increased to a bright scarlet, and from this to a crimson and purplish hue. Portions of the small intestines ware agglutinated by coagulated lymph; omentum inflamed; bowels distended with gas; pelvis filled with fœcal matter, which, upon handling the bowels, was seen issuing from about the ileo-cæcal portion of large intestines. At length a large ragged ulcer in the appendix vermiformis was discovered. It had perforated all the coats. Through this ulcer the fœcal matter had escaped, giving rise to the intense inflammation of the peritoneal coat of the bowels. The mucous tissue of

the bowels, excepting at the point of ulceration, was of healthy aspect.

Upon examination of the stomach, the upper or cardice portion was found highly inflamed, with a copious effusion of coagulable lymph; spleen much enlarged, dimensions 8 1-2 by 6 inches; liver pale, and easily torn.

There are two or three remarkable features in this case, which are worthy of notice.

1st. Notwithstanding the high degree of peritoneal inflammation, and the intense inflammation of the mucus membrane of the stomach, there was no irritability of this organ throughout his illness. He did not vomit, or complain of nausea from the time the emetic operated at the commencement of his disease, until a few moments before death, when he evacuated a mouthful of dark fluid, such as described above, and which I supposed to be the liquorice emulsion which he had taken.

2d. Though the ulceration of the bowels must have been of some standing, he did not complain of pain in that region during his illness, neither was there the slightest tenderness on pressure till the time when the alarming symptoms supervened. At this period, supposing there must be lesion of some portion of the bowels, I inquired if he had been subject to pain there, in times past? He replied that he had been very subject to it. I then inquired if he had suffered from diarrhœa, or any derangement of the bowels? and he said never—that habit in that respect had been uniformly regular.

September 1837.

Art. V.—Spinal Endermic Medication.

Cases illustrating the efficacy of medicinal applications over the region of the Spine. By Dr. G. J. Cowles, of Florence, Ala.

(Continued from the last number.)

Case xiv.—In the month of March, 1835, I was called to visit Mr. ——, a middle aged man, of regular habits, who generally enjoyed good health. A few days before, he was suddenly attacked with the

following symptoms:—A chill, followed by fever, which subsided in 12 or 15 hours, with perspiration; but a violent pain ensued in the right hip, and speedily affected the whole limb: which was soon perceived to be hot, swollen, tender to the touch, and incapable of voluntary motion; no pitting followed pressure with the finger, and there was no redness except about the inner ankle; he was worse at night, and extremely restless till near morning; his pulse beat 100 in a minute, quick and rather strong; his tongue was white and moist; thirst considerable; appetite lost, with occasional nausea; bowels costive; urine turbid and offensive; the abdomen, especially in the course of the spermatic cord, tender on pressure; finally, there was a daily exacerbation of all the symptoms. The attack appeared to have been produced by exposure to inclement weather. The course of the spine, especially its lumber and sacral portions, was found to be tender on pressure, and under the application of a sponge dipped in hot water. Its heat was above the natural degree. The spinal pressure excited great pain in the affected limb. Bleeding by cups over the spine, for three successive days, followed by a blister, and a poultice, were prescribed, with saline aperients and a free use of barley water; at the same time, the limb was kept besmeared with olive oil. His recovery was rapid.

Case xv.—I was called to see a lady in 1836, who had suffered uninterrupted ill health since the birth of a child, five months before. She had a fever of an intermitting type, with wandering pains in the limbs, numbness of the thighs, coldness of the feet, burning in the hands, coated tongue, costive bowels and gastric derangement. Little or nothing being done to remove these symptoms, she was at length attacked with a violent chill, succeeded by high fever, with acute pain in the back, shoulder and arm, sometimes darting into the chest. The affected arm, and occasionally the side of the chest, exquisitely sensitive to pressure, so that even the weight of the bed clothes was insupportable to her. The arm swelled, but exhibited no redness, except a spot near the shoulder; it lost all power of motion; its heat was above that of other parts of the body. At this time her fever abated only towards morning, when some perspiration came on. Her pulse was considerably over 100, in a minute, quick and resisting; her tongue was covered with a light brown coat; her stomach was irritable, with occasional nausea and vomiting; she had flatulence, heartburn and costiveness; there was a feeling of tightness in the chest, and a fixed pain in the occiput, extending occasionally to the eye and other parts of the face and head. The secretion of milk had nearly ceased. With all these symptoms, she was little altered in appearance, but excessively nervous.

The illness of this lady was by herself traced up to her last labor, which was exceedingly protracted, and she continued after it to feel exhausted, nervous and feverish. On examining the spine, I found the skin over the upper dorsal and lower cervical vertebræ reddened, slightly thickened or raised, and very tender on pressure, which greatly increased the pain in her arm and chest, excited coughing and nausea, and depressed the pulse. No other portion of the spine appeared to be tender, but there was alternate heat and coldness of the feet and legs, which seemed to indicate the inferior spinal nerves were affected at their origins. *Treatment.*—Three large cups, with previous scarification, were applied over the spine, and repeated several times, at intervals of 12 hours, the parts being kept covered with warm emollient poultices; warm olive oil was applied to the affected side and arm, and at length counter irritants over the spine. The internal remedies were tartar emetic, calomel and other aperients and opium. Her recovery was rapid; but she remained for some time subject to slight pectoral symptoms, which were relieved by friction. This case seems to have had some of the characters of *phlegmasia dolens.*

Case xvi.—Mr. H., of delicate constitution, but generally healthy, in 1834, had febrile symptoms, with abdominal and pelvic derangements; which, under mild treatment, measurably subsided, but good health was by no means restored. When called to see him, subsequently, I found that he labored under fixed but not violent pain in the loins, numbness in the thighs, great sense of weakness, with pain in his legs, on motion; general exhaustion under exercise, with palpitation of the heart; throbbing in the abdomen; which was contracted and tender, especially in the region of the spermatic cord, the bladder and the perinœum; on examination, the prostate gland appeared to be swollen and painful, and he was found to have hœmorrhoidal tumors; the urine turbid and offensive, with occasional mucous discharges from the urethra; a coldness of his feet was often succeeded by the sensation of their being brought into contact with a hot body; there was, also, burning in the hands, and wandering pains sometimes spread through the head and shoulders; his tongue was pale, and partly covered with a brown fur; small ulcers in the face appeared, disappeared and returned, spontaneously; his thirst was considerable, appetite craving, digestion tolerable; bowels too open; emaciation great; countenance palid; he had frequent, profuse acid sweats; his pulse was frequent, sudden and rather hard; generally he was exceedingly irritable and impatient. These symptoms resisted the prescriptions of his medical attendants,

and I was myself about to abandon the case as hopeless, when an accident directed my attention to his spine. He had, to use his own language, lain so long on his back, as to "ride it sore from one end to the other." An examination was immediately made, and many of the vertebræ, particularly the sacral and upper dorsal, were found to be tender; there was, also, a considerable degree of lateral curvature of the spine. Counter irritation over all the tender vertebræ was immediately commenced and continued for several weeks; blisters and poultices were applied to the perinœum; and stimulating liniments rubbed over the abdomen. Flax-seed tea and other mucilaginous drinks were used in connexion with alterants addressed to the abdominal organs; and, finally, tonics, a generous diet and gentle exercise in the open air were directed. This course soon relieved him from all alarming apprehensions, and in a few months he was entirely restored, and has enjoyed good health ever since.

Case xvii.—The following case has many points in common with the last. The patient was a young laboring man, to whom I was called in April 1836. He had been much exposed in various ways, and suffered undefinable bad health, when about the time I was called in, he was awakened one night with a chill, followed by fever, pain in the back, limbs, abdomen, and head, with thirst, dysuria, hæmaturia, a certain degree of blenorrhœa and great agony in the pelvis, the pains passing to the thighs; cold feet and hot hands; abdomen drawn up and tender in the hypogastric and iliac regions; the pulse was from 85 to 90 and quick, but not full; the force of the heart constantly too great; there was weakness of vision, with occasional pain in the eye-balls; the muscles of one shoulder were enfeebled or slightly paralyzed, so that it hung lower than the other. This young man had been induced to believe that he labored under stone in the bladder, but from the concourse of symptoms I presumed on the existence of spinal irritation. Examination demonstrated this, as under pressure, friction and the application of the hot sponge, the lumbar and sacral vertebræ, were found to be tender, and the experiments excited pain, not only in the spine, but in the distal extremities of the nerves; the same applications to the dorsal and cervical vertebræ, also, produced pain in the arms, head and chest, although there was no tenderness in those portions of the spine; I should have stated that he exhibited a sort of protrusion of the eye-balls, which were suffused with blood, while his face was pale and emaciated; there was likewise much digestive derangement, and he labored under hæmorrhoidal disorders; in short, his situation was every

way deplorable. Blisters were applied over the lower part of the spine, followed by poultices, with rubefacients to the higher parts; low diet was directed, with mucilaginous drinks, and perfect rest; but he took very little medicine. He soon began to recover, and was entirely restored.

Case xviii.—Within the present year a young lady became my patient, with the following symptoms. For months she had labored under what was called dyspepsia, with wandering pains in the chest and limbs, she was debilitated and nervous, palid and emaciated, had palpitation of the heart, drowsiness, irritable temper, amenorrhœa, leucorrhœa, burning sensation of the hands and feet, fixed pain in the top of the head, eyes, jaw and face subject to pains, and one side of the last slightly paralyzed—also, slight paralysis in the muscles of the shoulder. Medicines had been resorted to in this case with some benefit, but blisters and other revulsants to the *seats* of pain, produced but temporary relief, and sometimes only translated it to another part. Applications had also been made to the spine; but from some cause or other, not to the tender portions, and with an aggravation of the disease. On examination, I found two curvatures of the spine, but no *great* soreness or pressure; the experiment, however, excited cough, smarting in the eye, depression of the action of the heart, and left her decidedly worse for 24 hours. The spinal treatment was employed with manifest benefit; the blue mass and aloes were also administered; and, in her convalescence, sub carbonate of iron, a generous diet, and free exercise in the open air.

In a subsequent number of the Journal I propose to narrate some other cases, falling into the same class with the foregoing. I cannot say whether diseases of spinal origin, or with spinal complication, are more frequent in Florence and its vicinity than other parts of the country, but I have certainly found them of very frequent occurrence. Nor can I affirm that all of those which I have detailed, are from original spinal derangement; for it cannot be denied, that the spine is very likely to become involved from disease in the organic extremities of the nerves. Even in this instance, however, it is quite possible that applications made near the spinal extremities of the nerves may be more beneficial than if made to any other part.—At all events, I cannot be mistaken in the practical *fact*, of having derived very great advantage from applications over the spinal column. The local detraction of blood has been the chief of these; but I have found the subsequent application of warm emollient poultices to add greatly to the efficacy of the first application.

In conclusion, I wish such of the readers of the Western Journal as may think the cases I have reported worthy of their attention, to refer to case No. III. p. 194, in the last number, and add to the treatment the omission, that before cupping the patient was bled three times.

November 1837.

REVIEWS

AND

BIBLIOGRAPHICAL NOTICES.

Art. VI.—Diseases of the Rectum and Anus.

A Treatise on the Malformations, Injuries and Diseases of the Rectum and Anus. By George Bushe, M. D., formerly Professor of Anatomy and Physiology. 8vo. pp. 299—with nine quarto plates. New-York: French & Adlard. 1837.

In entering upon a review of this work, it is not without feelings of profound regret that we are compelled to announce to the reader that the able and lamented author "has gone to that bourne from whence no traveller returns." Dr. Bushe fell a victim to pulmonary phthisis early last summer, soon after the present treatise was issued from the press, in the thirty-ninth year of his age. He was a native, we believe, of Ireland, from whence he emigrated to the city of New-York, in the autumn of 1829, at the solicitation of the Medical Faculty of Rutger's College, to occupy the chair of Anatomy and Physiology, vacated some months previously by the resignation of our lamented Godman. In this situation, however, he continued only for one session, as, in the meantime, the institution with which he was connected became a complete wreck, by reason of the arbitrary and unjust interference of the State Legislature, which seems, until recently, to have always acted on the principle that one school, and one set of men, were enough for all the purposes of medical instruction in the great metropolis of the Union. How far this narrow-mind-

ed and illiberal policy, on the part of the "wise law-givers" of the State of New-York, had a tendency to promote medical education, it is not our design now to enquire. It is only necessary to state, that Dr. Bushe, having been thus early and unjustly deprived, in common with his distinguished colleagues, of his professorship, retired to private life, and soon acquired an extensive and lucrative practice, which steadily augmented until a short time prior to his demise.

Of the early history of Dr. Bushe we are entirely ignorant, nor, were we acquainted with it, would this be the place to enlarge upon it. Besides the work under consideration, he was the editor of a medical periodical, entitled the New-York Medico-Chirurgical Bulletin, and to which he contributed a large number of highly interesting essays and reviews. Like most of the medical journals, however, got up by our New-York brethren, it soon languished for want of patronage, and after the publication of the first volume, Dr. Bushe was compelled to relinquish the enterprize. In 1835, he published an "Essay on the Operation of Cleft Palate," in which he suggested some very important improvements upon the methods previously in vogue, and presented drawings of several instruments which are entirely the result of his own ingenuity. This work, designed to relieve a most unfortunate class of sufferers, has been very favorably noticed in Great Britain and on the continent of Europe, whilst, as is customary in such matters, it has been greatly neglected at home. So far, indeed, as our information extends, not a copy of it is to be found in any of the bookstores of this city; perhaps not in the whole valley of the Mississippi!

As a teacher, Dr. Bushe ranked pre-eminently high. Deeply versed in whatever related to his department, he threw around his subject an interest so fascinating as to rivet the attention of every member of his class. We well remember a lecture which he delivered on the structure of the hip-joint. Instead of confining himself to a dry detail of the descriptive anatomy of that important region, he gave a most lucid and able account of its surgical pathology; thus making one part of his discourse, as every man desirous of conveying useful instruction should always endeavor to do, subservient to the other. This lecture, the only one which we had the pleasure to hear, had but one fault—a fault not

often found at the present day—that of being too learned. Dr. Bushe had a good deal of the Irish brogue; but this, if possible, only served to give additional charms to his prelections. In his person he was tall and well proportioned, with a countenance expressive of great intelligence; in his disposition, kind and affable, ever ready to minister to those in distress; and as a writer, although his style is sometimes harsh and characterized by too much haste, he had few who could excel him in vigor and rapidity. Dr. Bushe, it is presumable, had his faults; but of these we know nothing personally, and even if we did, God forbid that we should not throw over them "the mantle of charity and forgetfulness." As a lecturer, and a practitioner of surgery, he possessed qualities of no ordinary kind, and the citizens of New-York, as well as the whole American profession, have reason long to regret his premature decease.

The treatise, the title of which stands at the head of this article, is the last of Dr. Bushe's productions, but in point of interest and utility decidedly the most important to the profession, and the most creditable to his talents and erudition. As a monograph on the malformations, injuries and diseases of the rectum and anus, we know of no work in the English language which is capable of competing with it; and although some of the topics are not discussed quite so fully as could be desired, yet, regarded as a whole, it does great credit to the profession of which Dr. Bushe was so bright an ornament. We make this observation, not from any particular partiality for the memory of the distinguished author of the work before us, but from the fact that a Philadelphia reviewer has thought proper to characterize it as superficial and full of faults, chiefly, we may suppose, because it does not embrace any reference to an article—highly honorable, by the way, to his talents—which that gentleman published a year or two ago in the American Cyclopedia of Practical Medicine and Surgery. Why Dr. Bushe should have overlooked that paper, to the great annoyance of his eastern reviewer, cannot, when we consider his extensive erudition, be easily imagined; the only reason which suggests itself is the state of his health, which, as he informs us in the preface, had been gradually declining for the last twelve or eighteen months before his treatise was published, and which, no doubt, prevented him from extending his researches into works of

such recent date as the one to which we have alluded. This, we conceive, should have served as a sufficient apology, and disarmed every thing like speciality in criticism. But it is high time that we should proceed with our review.

The treatise of Dr. Bushe consists of twenty-six chapters, and embraces a comprehensive account of the most important points concerning the structure, functions, malformations, injuries and diseases of the inferior portion of the intestinal canal. In presenting an analysis of the work, we shall confine our attention principally to such parts as are deemed to be of peculiar interest to the profession; or such as have been illustrated by the author's own experience and observation, referring the reader for more ample details to the book itself. As regards the structure and situation of the rectum, little need be said in this place, as all the information that may be desired on these points is to be found in our books on anatomy, especially in Cloquet, Horner, and Meckel. In speaking of the *valves* of this tube, first described by Morgagni, and again particularly noticed, about seven years ago, by Dr. Houston, of Dublin, the author positively declares that, notwithstanding the most careful investigation, he has never been able to detect them in a single instance. In our own dissections we have not been more fortunate, and are therefore inclined to agree with Dr. Bushe, that if these structures ever do exist, it is only in very rare cases, and in a very imperfect and undeveloped state. Nearly similar testimony is borne by Professor Ribes, one of the most able practical anatomists of Paris. The fear, then, of entangling bougies and other instruments in these valves, a circumstance so much talked about by some physicians, seems to be altogether groundless.

Malformations of the rectum and anus have been classed by the author under the following heads, to each of which he has allotted a very accurate yet concise description:—Imperforation; Unnatural termination; Absence of the Rectum. The first of these deviations from the normal state is sometimes complete, sometimes imperfect; that is to say, in the one case the closure is effected by a lamina of fibro-cellular tissue, of greater or less thickness and density; in the other, there is simply a contraction of the extremity of the rectum, or the skin is drawn over the margin of the sphincter muscle.

Imperforation of the rectum may take place in three different ways, first, by one partition, generally thin, transparent, and situated from two to fifteen lines above the inferior outlet; secondly, by two partitions, the structure and position of which are liable to considerable variety. An instance of this imperforation was once witnessed by Dr. Bushe in a new-born child brought into his dissecting-room. The septa were thin and pliable, about three-quarters of an inch apart, the lower one having been placed nearly six lines from the anus. The other mode in which the malformation may occur, is by puckering and induration of the walls of the rectum. This variety is extremely rare, and has never been observed by our author.

The rectum may be entirely wanting; or it may open into the bladder, urethra, vagina, or even the sacral region, from deficiency of the caudal portion of the spinal column. Occasionally the tube terminates in two extremities. Of this, Dr. Bushe once saw an interesting case in a child a few days old; one of the canals was situated a little more anterior than natural, whilst the other, though also on the middle line, was placed about an inch further back, and did not discharge more than one-third of the feces, its diameter being very contracted, and its length scarcely eighteen lines. Sometimes the vagina, or one or both ureters, open into the rectum; but this is very rare. In some cases a preternatural anus exists, occupying some situation in the abdomen, chest, neck, or even the face. Of the latter variety, a curious instance is mentioned by Bils, in his work on anatomy, published at Rotterdam, soon after the middle of the seventeenth century. Dinmore refers to a case, in which the bowel, turning upwards, opened beneath the border of the right scapula.

The majority of these malformations are, of course, fatal; the infant dying within twenty-four or seventy-two hours after birth. When the anus is closed merely by a thin covering of skin or cellulo-fibrous matter, the judicious surgeon will often be able to afford immediate relief with the knife; but the misfortune, in most cases, is, that the intervening tissue is of great extent, and the bowels consequently placed so high up as to be completely out of reach. When the rectum is partially absent, or ends in the bladder, our only resource is, after having failed in reaching it in the perinæum, to open the colon; and the portion of it that is gener-

ally selected for this purpose is the sigmoid flexure. For the steps of this operation, first performed, we believe, by the celebrated French surgeon Littre, we must refer to Dr. Bushe's work, where the reader will find all the necessary details, together with an account of the after-treatment. To this mode of getting access to the bowel, Callisen prefers cutting into the cœcum, or the descending colon in the lumbar region, along the margin of the square muscle, as by this means the peritonœum is left untouched. This operation was put to the test, some years ago, by Professor Roux, of Paris, but without success.

The only other operation which we shall mention in connexion with this subject is that first suggested by Dubois, and subsequently carried into effect by Martin. It consists in opening the sigmoid flexure of the large bowel, and then passing a sound through it towards the perinæum, with a view of making it prominent, and thus serving as a land-mark for our incision. This method has received the sanction of Velpeau, who recommends a sound, armed with a sharp-pointed trocar; but the operation is so cruel, that, as has been justly observed by the author, it is to be hoped that no man at the present day will attempt it.

When *foreign bodies* find their way into the rectum, or are generated within, as is not unfrequently the case, various instruments will be necessary for their removal or extraction, according to their size, shape, and situation. Amongst these, the most useful are the blunt-hook, scissors, forceps, and the canula, armed with a strong silver wire or waxed ligature. When the extraneous substance is large, very rough or spiculated, it may be proper to divide the sphincter muscle; but this measure is seldom necessary, owing to the great dilatability of the anal outlet. Should the foreign body be a piece of bone, ivory, wood or horn, fixed across the intestine, it may be extracted with a pair of lithotomy or polypus forceps, or, if it be low down, with the fore-finger. Indurated feces may be removed with a scoop or small spoon. After the pouch of the rectum is thus evacuated, the author recommends throwing up a large quantity of warm oil, for the purpose of softening down, and consequently causing the more complete expulsion of the indurated mass.

Leeches sometimes make their way into the rectum, when applied round the margin of the anus. To expel or destroy them,

it is only necessary to inject a solution of salt, or an infusion of tobacco. The removal of ascarides, which so frequently infest the lower portion of the large bowel is best accomplished, according to Dr. Bushe, with a small lithotomy scoop. This method is much better than the insertion of the finger, as suggested by Mr. Howship, or the introduction of a tallow candle, as recommended by Brera.

Laceration of the rectum, which forms the subject of the fifth chapter, is treated with much ability, being illustrated with a number of interesting cases occurring under the author's personal observation. This accident, which is always of an unpleasant nature, may result from a great variety of causes, such, for example, as the expulsion of indurated feces, the introduction or extraction of foreign bodies, and the passage of the child during parturition. In the latter case, the rupture is often complete; in the former, generally partial, and demanding, consequently, but little surgical interference; the application of bread poultices, emollient lavements, a soluble condition of the bowels, and cleanliness, with light unirritating diet, being nearly all that is required to effect a cure.

When the laceration is complete, it is usually, if not always, produced, as was before intimated, by parturition. This accident, says Dr. Bushe, may be divided into three species, each of them presenting some peculiar features. In the first, there is merely a rupture of the sphincter muscle; in the second, the rent extends somewhat higher up; and in the third, it embraces the vagino-rectal partition, together with the sphincter and perinæum. The last of these species is much rarer than the others, and is commonly produced by the inordinate pressure of the head or buttocks of the child during parturition; these parts being directed so far backwards, that, when the uterus contracts, the recto-vaginal septum is forced downwards through the dilated anus, and then lacerated from within outwards. Our author dwells at considerable length upon the different circumstances giving rise to these lesions; but in this it is unnecessary to follow him, though many of his remarks are characterized by much novelty and ingenuity.

In the treatment of these different species of laceration, it may be stated, generally, that the patient should be confined to the recumbent position, and kept upon low diet; the lacerated parts should be constantly wet with cloths, saturated with lead-

water and laudanum, and the bowels daily evacuated with emollient enemata, until suppuration is established. If there be much fever, blood may be taken from the arm; and, where the surrounding parts are much inflamed, leeches may be applied.

Sutures should never be applied immediately after the reception of such injuries, from the tendency they have to excite undue inflammation, and cut their way out through the tumefied parts. The proper period for their employment is when granulations sprout up; for Dr. Bushe affirms that in the many cases he has witnessed, he never saw one in which union by the first intention took place. This practice, we believe, to be highly judicious, and should never be lightly passed over by the surgeon. Sutures are abominable things any how, and there is much reason to think that they are often employed without any real necessity.

When the sphincter alone is lacerated, our author, instead of resorting to the interrupted suture, prefers passing a needle, of peculiar coustruction, across the bottom of the granulating wound, and then twisting a strong thread over its extremities, as in the operation for hare-lip. Should the rent be very extensive, several needles may be employed; and, additionally to these, the parts may be supported by light bodies of lint and a proper bandage. This method of operation, as Dr. Bushe informs us, was first carried into effect by Dr. Stevenson, surgeon to the New-York almshouse. When the rectum is ruptured above the sphincter, very little need be done besides the means pointed out under the head of the general treatment, that is, all that is necessary is to enforce the horizontal position, restrict the patient to a meagre diet, and preserve the bowels in a soluble state by castor oil and laxative enemata. When suppuration is established, the bowels should be quieted for a few days by the exhibition of opium; and should the wound be tardy in healing, its edges should be freely touched with the nitrate of silver.

Of the third variety of laceration our author gives an interesting case, which occurred in a married woman, in consequence of difficult labor. Thirteen months after this event, he found the surfaces of the wound separately cicatrized, and all the parts in a puckered, tumid, and excoriated state, attended with much local irritation. Having subdued this by appropriate remedial measures, he placed his patient as in the operation for lithotomy, and

having pared away the edges of the sore on a wooden gorgeret, passed two sutures, half an inch apart, through the lips of the recto-vaginal septum, and then tied them in the vagina. Finally, he inserted the perinœal needle, referred to in a previous paragraph, and in the course of eight days he had the satisfaction of seeing the parts firmly re-united.

The three next chapters, treating of inflammation of the rectum, and excoriation of the anus, together with the effects arising from the application of gonorrhœal matter, are despatched in a few pages—six or seven—and present nothing of sufficient importance to detain us. Indeed, this may be regarded as the most meagre portion of the work, and it is somewhat surprising that the learned author should have slurred over these subjects in the manner he has. He surely could not have seen the erudite disquisition on the anus, in the Cyclopedia of Practical Medicine and Surgery, "published in a neighboring city, as he would there have found a much more full and perfect account."

In the ninth chapter, the author has discussed that singular disease, named by Boyer and other French writers, *fissure* of the rectum, of which he seems to have witnessed a considerable number of cases, though it is generally, and perhaps justly, considered as of very rare occurrence in this country. He describes this affection as consisting of a ulcer, from three to twelve lines in length by the eighth of an inch in breadth, situated immediately within the anus, generally on one side, sometimes in front, and ssill more rarely behind. Women, from leading a more sedentary life, are more prone to it than men; and it is seldom that persons are afflicted with it before the thirtieth or fortieth year. In the majority of cases, the fissure is confined to the mucous membrane, though occasionally it extends to the muscular substance; and its inferior extremity usually corresponds to the margin of the external sphincter, being seldom higher up or lower down. In most instances, the disease is preceded by one or more vascular tumors, and, when fully formed, is apt to be a source of much suffering and inconvenience. The pain, which is at first slight, at length becomes extremely severe, burning, lancinating, and, in severe cases, even throbbing; stimulating food or strong drink, coughing, sneezing, and urinating, always increase it, and sometimes

throw the poor patient into the utmost agony. Similar torments are experienced at every effort to void the feces, which, when solid, are often streaked with blood and matter. With these local affections, there is connected, of course, often more or less constitutional disturbance.

The seat of the disease can often be detected by simply separating the buttocks. Where this fails, the index-finger should be introduced, or the anus dilated with the speculum. During the treatment, the patient should be kept on light diet, be confined to his back, and have the rectum daily emptied by an enema of flax-seed tea. Stimulating cathartics, our author thinks, and we think with him, cannot be too highly censured, as being calculated to create great irritation and spasmodic action of the sphincter muscle. When these symptoms are very distressing, much advantage will be derived from an ointment, composed of one part of the extract of belladonna and seven of simple cerate, the sore being previously touched with lunar caustic. In mild cases, a cure may occasionally be effected with the sugar of lead salve, either alone, or in combination with belladonna, as recommended by Dupuytren. Should these measures not succeed, the only thing that remains to be done, is to divide the sphincter muscle, "which never fails to give immediate and permanent relief."

Dr. Bushe seems to have had repeated opportunities of observing *neuralgia* of the rectum, a disease first described, we believe, by Dr. Montegre, in 1812. Some of the cases which he witnessed are very curious, and we shall therefore abridge one or two for the benefit of our readers. The first we shall notice, occurred in a middle-aged physician, of active habits, in tolerable health, but of a nervous temperament, and subject to occasional attacks of neuralgia of the face, stomach and testicles. Several times a year, he would be seized with pain over the pubes, and a desire to void his urine; more rarely he suffered excruciating torments at the end of the penis, or the posterior part of the urethra, attended with a similar state of the extremity of the rectum. These attacks usually subsided in twelve or twenty-four hours, and were generally either preceded or followed by neuralgia elsewhere; No remedies were of any avail. In the other case, that of a nervous female, thirty-five years old, the pain was seated over a spot about the size of a shilling, on the left side of the bowel, rather

less than half an inch above the verge of the anus. For weeks the pain would almost wholly subside, and then recur with extreme violence; her distress was generally greatest towards evening, and was always much increased during defecation. Mr. Mayo mentions* the case of a man who suffered for several years under paroxysms of neuralgia of the teeth and rectum. The attacks came on frequently during the day, without any assignable cause. In the treatment of these and other cases, Dr. Bushe tried various remedies, such as quinine, iron, arsenic, purgatives, lavements, and anodyne soppositories; but all without effect.

Passing over the eleventh chapter, on spasmodic contraction of the sphincter muscle, as containing nothing of practical value, we come to the subject of *ulceration* of the rectum, which is illustrated by six or seven cases that occurred under the author's own observation. This disease sometimes exists to a very alarming extent, the whole of the inner surface of the lower bowel being literally studded with it. When the ulcers are very small and deep, death occasionally results. Of this, Dr. Bushe once saw a case in a patient who had been treated for dysentery in India, but whose colon—the seat of this disease—was found perfectly sound on dissection. Occasionally the ulcers occur in union with stricture of the rectum, thus aggravating greatly the character of the complaint, and the sufferings of the individual.

In persons of sound constitution, the ulcers, though sometimes pretty extensive, are generally superficial, with soft, even edges. When resulting from the entanglement of feces in the lacunæ or large mucous follicles, they are usually small, somewhat circular, deep, and surrounded by a hard brim; and in unhealthy persons it is not uncommon for them to become indolent, and sometimes even phagedenic.

To detect these ulcers, the same plan of examination should be instituted as that recommended for ascertaining the presence of anal fissure. The symptoms characterizing the disease, are more or less pain in the rectum, generally of a burning, sometimes of a lancinating nature, and invariably increased by defecation; a sense of weight and fulness in the sacral region; vesical irritation, and tenesmus, with discharge of bloody and offensive matter from the anus. In bad cases the system sympathises as in fissure;

*Obs. on Injuries and Diseases of the Rectum: London, 1833, p. 56-7.

and, when the ulceration extends low down, it is not unusual to have spasm of the sphincter muscle.

Ulceration of the rectum always heals with difficulty; and for its removal requires pretty much the same treatment as fissure. When the disease is very extensive, and attended with spasm of the sphincter, much relief will accrue from the application of belladonna ointment and the nitrate of silver. Proper attention should always be paid to the constitution, which is often much impaired, and so to speak the cause of the local affection. General bleeding is rarely indicated, but where the parts are very painful, tense, and throbbing, much benefit may be expected from the employment of leeches round the margin of the anus. When all these measures fail, or afford only partial relief, the surgeon should freely divide the sphincter muscles, which often succeeds where other means prove of no avail. The following case will afford a good illustration of the author's practice in this troublesome affection. The patient, a gentleman, had discharges of bloody matter from the anus, pain in the rectum, greatly increased during defecating efforts, irritation in the bladder, and a sense of weight in the small of the back. On inspection, a circular ulcer was found, about the size of a shilling, situated above the sphincter muscle, with hard edges, and a foul, unhealthy surface. The patient was now put to bed, kept on light diet, and the bowels were evacuated daily with emollient enemata; added to which a variety of stimulating and anodyne applications were made; all, however, in vain. It now occurred to Dr. Bushe that advantage might be derived from the division of the sphincter muscles. He accordingly performed the operation, including the ulcer in the section, and then dressed the wound from the bottom. The pain instantly subsided; the parts kindly cicatrized, and in a month he had the pleasure of seeing his patient perfectly restored to health.

Of *venereal ulceration*, the next topic treated of by our author, nothing is necessary to be said in this place, as the symptoms and treatment do not differ from those in the preceding lesion, excepting that, in addition, recourse must be had to anti-syphilitic remedies. "When extensive," says he, "this species of ulceration may destroy life. In many cases the recto-vaginal partition in the female, and the recto-vesical in the male, is perforated. Provided the opening is small a spontaneous closure may ensue; but this is

a very rare occurrence." Boyer refers to several cases, in which the fistula healed without surgical interference.

The most philosophical portion of the present treatise is comprised under the head of *hemorrhoidal affections*. The chapter relating to this subject is more full and extensive than any other in the book, is illustrated by numerous cases, some of them of a highly instructive character, and embraces an account of a variety of instruments and apparatus, devised or modified by the author, and designed to facilitate the performance of the different operations which are required to be executed for the removal of these tormenting maladies. Indeed, we cannot but suppose that Dr. Bushe has rendered a most important service to the profession and the public, and were all the rest of the work good for nothing—devoid of a single item of useful information—this portion would amply repay the cost of it and the time spent in its perusal.

Passing over the history of the causes and symptoms of *hemorrhoids*, with which every physician is conversant, we shall follow the author briefly in his discussion of the several varieties of the disease, and add such remarks concerning the several operations that have been recommended for its removal as may be deemed useful to the practitioner. The tumors which form about the anus, and to which writers have applied the term hemorrhoidal, may be divided into two species, one of which occupies the interior, the other the exterior of the anal outlet. The former of these are generally of a globular shape, of a dark red or livid color, according as they are free or compressed, solitary or aggragated into clusters, and in size from a small pea to a pullet's egg. In many instances, they are pedunculated, or attached by a sort of foot-stalk, especially when large, and subject to prolapsion. Their number is usually small, but now and then there are so many as to interfere, very materially, with the defecating function. "I have repeatedly," says Dr. Bushe, "injected these tumors with colored water, both from the arteries and veins, and when cut into while the fluid was projected, small jets were observed to issue from many points. I have frequently, continues he, dissected them with the greatest ease, and found that they were spongy, reddish, and contained both arteries and veins, the latter being most capacious, but always perfectly healthy. Their surface is villous, and generally bleeds when touched roughly, or scratched with the

nail; the blood which issues being of a florid red color. In many instances I have been able to rub off exceedingly vascular or fragile adventitious membranes from their surfaces."

These internal tumors sometimes ulcerate; and it not unfrequently happens, moreover, that, in consequence of being inflamed and irritated, small abscesses form in them, attended with much pain, and purulent discharge. When ulceration takes place, it usually seizes on many points at once, though it rarely proceeds to any very great extent. The author once met with a case, in which three very large hemorrhoidal tumors were thus one half consumed. Occasionally, hemorrhage follows the ulcerative process; and sometimes, though this is very unusual, the tumors, although they maintain their spongy structure for years, yet it now and then happens, from their being kept in a state of constant irritation, that they are transformed into a semi-cartilaginous mass, being firm, yellow, and nearly bloodless.

"These tumors may be confounded with prolapsus of the mucous membrane of the rectum and polypi of the intestine. The form of prolapsus with which they are likely to be confounded, is that chronic affection in which a flap of the mucous membrane, on either side, is forced down and becomes thick and rugose. However, the semi-lunar form of these flaps, the extent of their base, our ability to glide the folded membrane between the finger and thumb, as well as their freedom, erection and hemorrhage, are characters so opposite to those which we have described as pertaining to hemorrhoidal tumors, that a very cursory examination enables us to distinguish between them."

In the second species, the tumors are seated round the verge of the anus, though occasionally they extend a short distance within the orifice. More or less livid, they are commonly elastic, with a broad base, and formed of extravasaled blood, which, in time, becomes *encysted* by condensed cellular tissue, and covered with fine, delicate skin from the verge of the anus, and sometimes with a few fibres of the external sphincter. In some instances, the effused blood is absorbed; but more generally it remains, and pushes out the integuments in the form of a pendulous flap, or of a rough, warty excrescence. When there is only one such tumour, especially if it be large, it not unfrequently happens that it suppurates, and shrinks.

When recent, these tumors are liable to be confounded with those of the first class, from which, however, they may be discriminated by their greater lividity, the smoothness of their surface, their hardness and freedom from hemorrhage, and, finally, by their being covered chiefly by the common skin. From partial prolapsion of the rectum, they may be distinguished not only by their density and purple color, but by their great tenderness and tubercular shape.

Such are the two classes of hemorrhoidal tumors described by Dr. Bushe, the accuracy of whose account we have had frequent opportunities of verifying both on the dead and the living. Their development seems to be often influenced by hereditary predisposition. Of this, the author has met with numerous examples, and every physician at all extensively engaged in practice must be familiar with similar cases.

"When these tumors are exceedingly painful," says Dr. Bushe, they should be anointed with the following salve, three or four times a day:

℞. Extr. Opii, gr. xii.
Ung. Cetacei ℥i.—Misce.

Sometimes the patient derives great relief from the application of cold water in a continued stream. Thus, in England, many of those afflicted with hemorrhoids are in the habit of allowing the stream which issues from the water closet, to strike against the parts prolapsed, while defecating. When the sphincter is affected spasmodically, I have found the following ointment very useful:

℞. Extr. Belladona ℥i.
Ung. Cetacei ℥i.—M.

Should the tumor be inflamed, leeches ought to be applied to the surrounding parts, followed by tepid cataplasms."

Some authors, it is well known, have recommended scarifying these tumors when inflamed; but such practice is justly condemned by Dr. Bushe, as detrimental, and likely to lead to mischievous consequences. In this we perfectly coincide with him, sure that we have seen much harm result from the measure. When the tumors protrude, and the surrounding parts are relaxed, advantage may be derived from the employment of the nut-gall ointment, so much in vogue among empirics. When there is much pain, opium or belladonna may be added; and should there be ulceration or fungous asperities, the super-acetate of lead

will prove useful, in the proportion of from half a drachm to a drachm, to an ounce of water.

Should these and other means prove fruitless, the tumors must either be excised, or destroyed with the ligature; and of these two methods our author greatly prefers the latter, alleging that he has employed it with invariable success in upwards of one hundred cases. That this operation is, on the whole, more safe than the former, especially in the hands of an inexperienced practitioner, is no doubt true; but then it is so extremely painful and tedious, that we should be very loath to resort to it, except in some very rare instances. It is certainly not the most *fashionable* method with American and European surgeons, and it is one which, to us, has always appeared exceedingly awkward and bungling. The apparatus which Dr. Bushe employs for tying these tumors, consists of a pair of forceps for securing and bringing them forward, needles of different sizes, a needle-carrier, and forceps for removing the needles. All these, together with the manner of using them, are minutely described, being the invention of the author; but we have not time to give an account of them in this place.

In the treatment of external tumors, should they not be attended with much pain, the recumbent position, light diet, gentle aperients, emollient fomentations and poultices, will generally be sufficient to effect their removal. In bad cases, leeches are necessary; and if the tumor be large and elastic, the best plan will be to divide it freely with the knife, and with the scooped extremity of a director turn out the clotted blood, as there will be danger, where this is neglected, that it will suppurate. Of the advantages of this mode of procedure, several cases are related by the author.

Another species of hemorrhoids has been mentioned by writers, as consisting in a dilatation of the principal veins of the rectum. This, however, although he describes the affection, is not recognized by the author of the present treatise. The chapter in which this topic is discussed is extremely meagre, and embraces nothing whatever that is either certain or satisfactory. We shall, therefore, let it alone.

In the sixteenth chapter, we have an account of *prolapsion* of the rectum, a subject which is treated of at considerable length, and with the author's usual talent and perspicuousness. The

amount of intestine dislocated, varies from a fold of the mucous membrane to several inches of the bowel itself, the protrusion being generally greatest in cases of long standing, and in children of a weakly constitution. In a case which we saw nine or ten years ago, at least nine inches of the rectum were prolapsed. In young individuals, the protruded membrane usually assumes the appearance of a small, red tumour, of a pyramidal shape; whereas in adults, it is more or less pale, and generally takes the form either of two lateral flaps, or of a circular fold. When the part is allowed to remain long prolapsed, it is liable to be engorged with blood, from the pressure of the sphincter muscles; and in old chronic cases it is not unusual for the mucous tunic to become indurated, and even ulcerated. The treatment recommended by the author, although highly judicious, embraces nothing of sufficient novelty to detain us with an account of it. Here Dr. Bushe, however, has been again guilty of the omission of a most important prophylactic means, namely, Dr. Physick's *mush and molasses plan*. This neglect, we doubt not, will be regarded by the physicians of "a neighboring city," as a most unpardonable sin, especially by the writer of the article on the anus, in the Cyclopedia of Practical Medicine and Surgery.

Of *relaxations* of the rectum and anus, the subjects treated of in the next two chapters, little more need be said than that these affections are most common in weakly children and in old and infirm persons; that they are most generally caused by habitual over-distention of the inferior portion of the large bowel, and that the best remedies are such as possess some astringent properties, as a solution of alum, sulphate of zinc, super-acetate of lead, or sulphate of copper.

Patients often suffer from what is termed *itching* of the anus, particularly such as are old or of a weakly constitution. Women who have recently ceased to menstruate, are also said to be very prone to it. The exciting causes are generally ascarides, hemorrhoidal tumors, and a morbid state of the alvine secretions. Sometimes the skin around the anus is covered with an eruption of papulæ, or even tubercles, the former of which not unfrequently vesicate, and give vent to a watery, irritating humor. Patches of a similar kind are occasionally seen on other parts of the surface, as the scrotum, thighs, back, and even the face and neck.

The pruritus, which is often very troublesome on retiring at night, so much so, indeed, as to prevent the patient, sometimes, from sleeping for hours, usually subsides after a few months, but is certain to return in consequence of the slightest irregularities in diet, fatigue, watching, or hot weather. "From constant rubbing, the skin about the anus becomes thick, dense, and furrowed, even when there are no hemorrhoidal tumors. The furrows assume a radiated direction, and converge in the anus; they vary in number from six to ten, and are from a quarter of an inch to an inch in length."

In the treatment of this affection, the first object should be to ascertain the exciting cause, and remove it. Proper attention should then be paid to the general health, which, as was previously intimated, is often much impaired. Tonics are sometimes demanded under these circumstances, such as iron, bark, or quinine, either alone, or what is still better, in combination with blue mass, sarsaparilla, and Plumber's pill; the three latter articles being particularly serviceable where there is an eruption about the anus or some parts of the cutaneous surface. In regard to the topical means which Dr. Bushe has found most useful, they comprehend the yellow-wash, a solution of lead water with laudanum, a decoction of tobacco, vinegar, tar and citron ointment, and the nitrate of silver, care being taken, when this latter substance is employed, to cleanse the parts often with water and the common turpentine soap.

The integuments around and in the neighborhood of the anus are sometimes studded with *excrescences*, which are apt to assume a considerable variety of form, and to cause a good deal of inconvenience. Generally, they are soft and fragile, smooth or figured on the surface, of a purple or pale reddish hue, imperfectly vitalized, and consequently almost devoid of sensibility. These bodies seem to be the result of inflammatory irritation of the delicate coverings of the anus; sometimes they co-exist with hemorrhoidal tumors, though usually they exist alone; and when seated within the outlet of the intestinal tube they may so close up the extremity of the gut, as to interfere with the fecal evacuation.

From hemorrhoidal tumors, these bodies may be distinguished by their color, structure, form, and incapacity of erection; from polipi, by their small size, roughness, and great number; from car-

cinoma, by their fragility and softness, and by the absence of hardness and ulceration of the bed from which they spring.

The surest way to destroy these tumors is to excise them with the scissors, and afterwards touching their surface with the nitrate of silver. Should the patient object to this operation, and the excrescenses are within reach, or external, then any of the following applications may be resorted to, though, there is reason to believe, that they often prove useless: lunar caustic; sulphate of copper; verdegris; oxymuriate of antimony; red oxyde of mercury; yellow wash; burnt alum, either alone, or mixed with savin powder; muriated tincture of iron; or, what the author greatly prefers to any of these substances, the strong acetic acid. When this disease depends upon a syphilitic taint, the internal exhibition of mercury and sarsaparilla will be necessary.

Polypi occasionally form in the rectum, more generally, it is said, in females and in adults than in the other sex or at any other period of life. In most cases, they are of a soft *mucous* substance, sessile, almost insensible, globular in their shape, from the size of a pea to that of a pullet's egg, for the most part solitary, and attached by a well-marked foot-stalk. This species of polypus is usually of slow growth, and may, therefore, be present for a long time without inducing any particular inconvenience or suffering. Not so with the *sarcomatous* species, the development of which is commonly very rapid, the bulk sometimes great, and the local and constitutional disturbance usually very considerable, the countenance being wan and sallow, the tongue coated, the body emaciated, the appetite impaired, the extremities ademátous, and the system worried with hectic fever. The tenemus and weight in the rectum are often exceedingly distressing; the feces are voided with much difficulty, the pains are of a shooting, lancinating character; and there is much murco-purulent discharge, blended often with blood. If the polypus be situated near the external orifice, it will descend during defecation, and when large can only be returned with difficulty. An interesting fact in connexion with these morbid growths is, that the bowel sometimes contracts so forcibly as to detach them. The proper method of treatment consists in extraction, for which the necessary instruments are a pair of scissors, a scalpel, and Museux's forceps: the hemorrhage seldom proves troublesome.

We now come to the subject of *abscess* near the rectum; a disease which seems to have its seat originally in the cellular tissue of the part, and which almost uniformly leads to the formation of fistulæ. It may depend upon some lesion of the rectum, or it may be symptomatic of disease of the viscera, especially the liver, spleen, heart and lungs; it is very common in phthisical subjects, which may probably be accounted for by the tendency which exists in this malady to ulceration of the bowels. As the symptoms and treatment of anal abscess do not differ essentially from those of the same affection when occurring in other regions of the body, we shall here dismiss the subject, and proceed to take up the chapter which treats of anal fistulæ.

Fistulæ, as just stated, are usually the consequences of anal abscesses; and, in regard to their mode of communication, may be arranged into three classes; in the first, they extend into the gut; in the second, they open into the rectum, but have no outward aperture; and in the third, the fistula perforates the skin, but does not reach into the bowel. The number of external openings varies. Generally, as stated by the author, there is but one; but sometimes two, three, or even more. Internally it is rare to find more than one orifice; Dr. Ribes, however, who has carefully investigated this subject, mentions that there are sometimes two, or even three, particularly in phthisical people.

The internal orifice is generally soft and irregular; but in consumptive patients, occasionally round and callous. Its distance from the anal outlet is variable; generally, however, it is situated immediately above the spot where the internal membrane of the rectum joins the skin, sometimes a little higher, but *never* more than five or six lines. In eighty subjects examined by Professor Ribes, of Paris, the internal orifice did not exceed this height, and in a considerable number its elevation was not more than a third or fourth of an inch. These observations are confirmed, though not on so large a scale, by our author.

The external orifice varies much in its appearance, being sometimes round, sometimes oval, but more generally irregular or angular, with reddish edges, and a surface foul and depressed, or studded with exuberant granulations. The parts around the fistulæ are unusually hard, and sometimes even greatly disorganized. Frequently, especially when the disease is the result of gangre-

nous inflammation, a large cavity intervenes between the two apertures, which, like every fistulous track of this sort, in time becomes lined by a coat of coagulating lymph, possessing all the characters of a mucous membrane, save that it is destitute of villosities. A channel of this kind may be straight or crooked; and when there are several at the same time, they not unfrequently communicate with each other. Pus, of a thin mucous nature, generally issues from it, and, when it opens into the bowel, stercoraceous matter.

The operations for the removal of this loathsome disease are so well known, that we deem it unnecessary to describe them on the present occasion, more especially as the anthor has not added any thing new to what was previously known on the subject. He does not subscribe, as a general rule, to the opinion of Ribes and others, who assert, that, unless there is an opening into the bowel, it is never necessary to divide it, having found from experience that this method of procedure must sometimes be resorted to. When there is no such opening, compression ma'e with a piece of cork, supported by an elastic bandage, assisted by an easy state of the bowels, and the injection of a solution of the nitrate of silver, Port wine and water, or some of the mineral astringents, together with the horizontal position, and meagre diet, will generally be sufficient for the cure. When these means fail, the knife must be employed, and the whole track laid open, and healed from the bottom.

Stricture of the rectum may be either functional or organic, depending, in the one case, upon spasmodic action of the muscular fibres; in the other, upon structural lesion of one or more of the tunies of the bowel. Organic stricture is a rare disease in this country, at least it is rare that we see a case in practice, or in the dissecting room. Sometimes the thickening and induration are limited to the mucous and sub-mucous textures; at others, it extends to the muscular fibres, or involves them alone. A smooth gristly ring is thus formed, from a few lines to half an inch in depth, above and below which the bowel usually retains its normal structure. The disease does not, however, always embrace the entire circumference of the gut; not unfrequently, indeed, it forms a mere segment of a circle, and is so arranged as to give the villous tunic in the immediate neighborhood a remarkably puck-

ered and drawn-up appearance. When the ring is complete, it strongly resembles a scirrhous pylorus.

The common seat of organic stricture is about three inches above the anal orifice. Cases, however, are frequently observed, in which it is much lower down or higher up. The disease spares neither age nor sex. Dr. Bushe has observed it in a lad of nine, and in an old man of seventy. Its occasional cause is inflammation, in whatever manner induced.

The nature of this lesion can only be satisfactorily determined by an examination with the finger, and by a careful investigation of its history. The same difficulty is experienced in relieving the bowel, as in fissure and carcinoma; but what perhaps serves, in some degree, at least, to distinguish this affection from any other, is the peculiar shape of the feces, which, instead of being voided in thick masses, come away in short, narrow pieces, often not larger than a full-sized catheter. The bladder is sometimes excessively irritable, from the pressure of the loaded gut; and occasionally one or more fistulæ form in the nates or perinœum. In the female, a communication frequently takes place between the rectum and vagina; and in the male a similar passage may be established, though more rarely, between the rectum and the bladder.

This disease, if allowed progress, always proves fatal, though sometimes a long period elapses until the occurrence of this event. In the early stage of its existence, before there is any cartilaginous degeneration of the intestinal tunics, a cure may sometimes, indeed often, be effected, by a proper use of the bougie, regulating the diet, and precaution to keep the bowels, especially the rectum, constantly unloaded. The instrument recommended by Dr. Bushe, in the treatment of this affection, is a bougie, constructed of ebony, three inches long, and mounted on whale-bone, which, he says, is decidedly better than any other contrivance.

The last chapter of the present work treats of *carcinomatous degeneration* of the rectum; it is compiled solely from the materials obtained from the author's own observation, and is therefore meagre and imperfect. Appended to this chapter is a short extract from Cayol's "Traite des Maladies Cancareuses," published in Paris, in 1833, on what he styles *lymphatic engorgement* of the textures in the immediate vicinity of the anus, and which the French writer says may sometimes be confounded with carcinomatous af-

fections. Dr. Bushe, however, never witnessed this disease, nor do we recollect any cases of it that have come under our own notice or under that of our medical friends.

We now bring our analysis to a close, and in rising from our labors we can conscientiously declare that we have been both interested and instructed. The work of Dr. Bushe is, as we have already stated, a good one, and we hope that it will soon find its way into the library of every American physician. The plates, though not splendid, are sufficiently graphic to convey an accurate idea of what they are designed to illustrate. What more, indeed, could be desired or expected of them? S. D. G.

Art. VII.—Animal Magnetism.

Report of Dr. Franklin and other Commissioners charged by the King of France with the examination of Animal Magnetism as practised at Paris. Translated from the French; with an Historical Outline of the "Science;" an abstract of the Report on Magnetic Experiments, made by a Committee of the Royal Academy of Medicine, in 1831, *and Remarks on Col. Stone's Pamphlet.* Philad. 1837. 2d edition.

Practical Instruction in Animal Magnetism, by J. P. F. Deleuze. Translated from the French, with notes, by Thos. C. Hartshorn, Providence, 1837.

A letter to Dr. Brigham, on Animal Magnetism, describing an interview with Miss Loraina Brackett, while in a state of Somnambulism. By William L. Stone. New-York: 1837.

Exposition, or a New Theory of Animal Magnetism; with a Key to the Mysteries: demonstrated by experiments, with the most celebrated somnambulists in America: also, Strictures on Col. Stone's letter to Dr. Brigham. By C. F. Durant. New-York: 1837.

Mr. Durant, in the last and latest of the works we have just cited, writes as if he were in a passion with all the advocates of Animal Magnetism, and, especially, with Col. Stone; and modest-

ly claims to be regarded as a public benefactor, for having produced a book, the "withering influence of whose pages" will forthwith kill off the whole imposture! It would be cruel to rob Mr. Durant of the eminent gratification which his fancied achievement affords him, but of this we have no apprehension, should we ask, whence the special good to the community, if you *have* killed off the delusion? For ourselves, we perceive no great amount either of good or evil, connected with the art of Animal Magnetism. It is undoubtedly a copious source of excitement to all who concern themselves with it, either as impostors or impostorees, if so they should be called, and why not let them enjoy it?

In commencing this article, we write on the fence, reserving to ourselves to descend or not; and, should we do so, to select the field of credulity or of incredulity, according to their relative luxuriance. Our object is to supply our distant and insulated readers, with some account of what they may not have had the opportunity of knowing.

And first of all, we would disabuse their minds and our own, of the delusion, that there is any connexion between the phenomena of Magnetism and those of *Animal* Magnetism, so dubbed. When Mesmer revived and began to practice the art of bringing certain weak-minded men and women, with shattered nervous systems, into a peculiar state of mind and body, *apparently* resembling that, which is known under the name of somnambulism, or sleep-walking, he put forth as a theory, that a magnetic influence was exerted; and, as magnetism was at that time but little understood, its occult character, was well adapted to the taste of the lovers of mysticism; and his hypothesis, undoubtedly, contributed to the popularity of his art. In more modern times, as it has been discovered that magnetism plays an important part in the operations of nature, or is a modification of galvanism, the philosophical mind is not backward in imagining, that we are on the eve of some great development. Thus the word magnetism continues to exercise over us a kind of talismanic power, to which the credulous readily yield themselves up, and from which the most incredulous, find it somewhat difficult to keep themselves extricated.

But let us return to the origin and history of the art, which are briefly set forth in the following extract from the Encyclopædia Americana:

"Animal Magnetism originated thus: Anthony Mesmer, (q. v.) in 1772, attempted cures with the mineral magnet, and excited some sensation in Vienna, but at length declared, that not the magnet, but a mysterious power in his own person, caused the effects ascribed to the magnet, and that this power was related not only to the magnetic power, but to the attraction dispersed throughout the universe. But a fraud which he attempted (the pretended restoration of sight to a girl) having been discovered, he proceeded, in 1778, to Paris. The attention which he attracted there, and the final report of a committee of the academy on magnetism, or, as it is also called *Mesmerism*, we shall speak of under *Mesmer*. The great supporters of animal magnetism have recently been Kieser, in Jena, and Wolfart, in Berlin; the former explains the phenomena by the striking difference between life by day and life by night, both in the case of animals and vegetables; the latter adopts the mystical jargon of Mesmer. (See *Archives of Animal Magnetism*, by Kieser, Nasse, and Nees von Esenbeck, published since 1817, in numbers, and since 1825, under the title *Spinx, or New Archives of Animal Magnetism;* and Wolfart's *Annals of Animal Magnetism (Lebens-Magnetismus)*, 10 numbers, 1818, et seq.) In 1820, the Prussian government caused a prize to be offered for the best treatise on this subject, but it was subsequently withdrawn. Among the numerous works which treat of it, are Deleuze's *Histoire critique Magnetisme Animal*, (Paris, 1813); Jos. Ennemoser's *Der Magnetismus in einer Geschichtlichen Entwickelung von allen Zeiten und bei allen Volkern* (Leipsic, 1819), in the spirit of Mesmer and Wolfart; J. C. L. Ziermann's *Geschichtliche Darstellung des Thierischen Magnetismus als Heilmittel's* (Berlin, 1824), less prejudiced; *Del Magnetismo Animale*, by Basevi (Florence, 1826)."

In 1778, Mesmer left Germany, and repaired to Paris. He soon attracted public attention, and was visited by so many invalids, that he was under the necessity of employing assistants, one of whom was M. Deslon, whose name will reappear in the course of this review. The migration of Mesmer to Paris, led to inquiry into his art by M. Thouret, Regent Physician to the Faculty of Paris, and a member of the Royal Society of Medicine. The book published by this learned physician, entitled "*Enquiries and Doubts respecting the Animal Magnetism*," was submitted to the scrutiny of a committee of six members of the society, from whose report on its merits we make the following extract:

"This picture of the Animal Magnetism, as it was invented and applauded by the ancients, is faithfully extracted from the performance of M.

Thouret. The principal authors, to which he has recourse in the progress of his enquiry, are Paracelsus, Van Helmont, Goclenius, Burgravius, Libavius, Wirdig, Maxwell, Santanelli, Tentzel, Kircher, and Borel. The entire passages are extracted, and M. Thouret has displayed in this performance, as he had already done in so many others, an erudition the most various, the most precise, and the most extensive.

It is easy to see how analogous is the system we have described to that of M. Mesmer. To demonstrate this analogy, M. Thouret has considered separately each of the propositions published and avowed by the latter. They amount to twenty-seven, and the result of this examination is, that they are all positively announced in some of the authors whose names have been recited.

Every part of Mesmer's system, even down to the experiments of the ring and the sword, have been found by M. Thouret in the works of these writers. It is therefore certain, that the assertions of M. Mesmer, which are represented by him as principles of his own, do not belong to him, and that this theory, in the room of being an attractive novelty, is an ancient system, abandoned by the learned near a century ago."

In the same year, 1784, in which this Report was made, the practice of Animal Magnetism had excited so much interest in France, that the king directed an inquiry to be made, and appointed a board of nine Commissioners, four from the R. A. of Medicine and five from the R. A. of Science, to investigate and report on the alleged effects produced by the magnetisers.—Among these Commissioners were Lavoisier and our own Franklin, then Resident Minister in Paris. The Commissioners entered on their duty with the deliberation and sagacity of true philosophers, and the manner in which they conducted the inquiry, not less than that in which they drew up the account of its course and results, renders their report worthy of being read as a model of philosophical research and composition.

The Report sets out with the following extract from a Memoir of Mesmer, published in 1779.

"It [the Animal Magnetism] is a fluid universally diffused; the vehicle of a mutual influence between the celestial bodies, the earth, and the bodies of animated beings; it is so continued as to admit of no vacuum; its subtlety does not admit of illustration; it is capable of receiving, propagating, and communicating all the impressions that are incident to motion; it is susceptible of flux and reflux. The animal body is subject to the effects of this agent; and these effects are immediately produced by the agent insinuating itself into the substance of the nerves. We particularly discover in the human body qualities analogous to those of the load-stone; we distinguish it in poles different and opposite. The action and the virtue of the Animal Magnetism are capable

of being communicated from one body to another, animated or inanimate; they exert themselves to considerable distances, and without the least assistance from any intermediate bodies: this action is increased and reflected by mirrors; it is communicated, propagated and augmented by sound; and the virtue itself is capable of being accumulated, concentrated and transferred. Though the fluid be universal, all animal bodies are not equally susceptible of it, there even are some, though very few, of so opposite a nature, as by their mere presence to supersede its effects upon any other contiguous bodies.

The Animal Magnetism is capable of curing immediately diseases of the nerves, and mediately other distempers; it improves the action of medicines: it forwards and directs the salutary crises so as to subject them totally to the government of the judgment; by means of it the physician becomes acquainted with the state of health of each individual, and decides with certainty upon the causes, the nature and the progress of the most complicated distempers; it prevents their increase, and effects their extirpation, without at any time exposing the patient, whatever be his age, sex, or constitution, to alarming incidents, or unpleasing consequences." "In the influence of the magnetism, nature holds out to us a sovereign instrument for securing the health and lengthening the existence of mankind."

It was the duty of the Commissioners to examine into the properties and effects of this agent. From some cause which does not appear, their intercourse, for this purpose, was not with Mesmer, himself, but with M. Deslon, already mentioned, his former pupil and partner. Deslon was a physician of Paris, and readily offered to the Commissioners every desirable facility for the prosecution of their object. The following is the account which they give of the processes employed and the effects produced:

"After having thus made themselves acquainted with the theory and practice of the Animal Magnetism, it was necessary to observe its effects. For this purpose the commissioners adjourned themselves, and each of them repeatedly witnessed the public method of M. Deslon. They saw in the centre of a large apartment a circular box, made of oak, and about a foot or a foot and a half deep, which is called the bucket; the lid of this box is pierced with a number of holes, in which are inserted branches of iron, elbowed and moveable. The patients are arranged in ranks about this bucket, and each has his branch of iron, which by means of the elbow may be applied immediately to the part affected; a cord passed round their bodies connects them one with the other: sometimes a second means of communication is introduced, by the insertion of the thumb of each patient between the forefinger and thumb of the patient next him; the thumb thus inserted is pressed by the person holding it; the impression received by the left hand of the patient communicates through his right, and thus passes through the whole circle.

A piano forte is placed in one corner of the apartment, and different

airs are played with various degrees of rapidity; vocal music is sometimes added to the instrumental.

The persons who superintend the process have each of them an iron rod in his hand, from ten to twelve inches in length.

M. Deslon made to the commissioners the following declarations:—1st. That this rod is a conductor of the magnetism, has the power of concentring it at its point, and of rendering its emanations more considerable. 2dly. That sound, conformably to the theory of M. Mesmer, is also a conductor of the magnetism, and that to communicate the fluid to the piano forte, nothing more is necessary than to approach to it the iron rod; that the person who plays upon the instrument furnishes also a portion of the fluid, and that the magnetism is transmitted by the sounds of the surrounding patients. 3dly. That the cord which is passed round the bodies of the patients is destined, as well as the union of their fingers, to augment the effects by communication. 4thly. That the interior part of the bucket is so constructed as to concentrate the magnetism, and is a grand reservoir, from which the fluid is diffused through the branches of iron that are inserted in its lid.

The commissioners, in the progress of their examination, discovered, by means of an electrometer and a needle of iron not touched with the loadstone, that the bucket contained no substance either electric or magnetical; and from the detail that M. Deslon has made to them respecting the interior construction of the bucket, they cannot infer any physical agent, capable of contributing to the imputed effects of the magnetism.

The patients then, arranged in considerable number and in successive ranks round the bucket, derive the magnetic virtue at once from all these conveyances: from the branches of iron, which transmit to them that of the bucket; from the cord which is passed round their bodies, and the union of their fingers, which communicate to them that of their neighbors; and from the sound of the piano forte, or of a musical voice, which diffuses it through the air. The patients are beside magnetised directly, by means of a finger or a bar of iron, guided before the face, above or behind the head, and over the surface of the part affected, the distinction of the poles still observed; they are also acted upon by a look, and by having their attention excited. But especially they are magnetised by the application of the hands, and by the pressure of the fingers upon the hypochonders and the regions of the lower belly; an application frequently continued for a long time, sometimes for several hours.

In this situation the patients offer a spectacle extremely varied, in proportion to the different habits of body. Some of them are calm, tranquil, and unconscious of any sensation; others cough, spit, are affected with a slight degree of pain, a partial or an universal burning, and perspirations; a third class are agitated and tormented with convulsions. These convulsions are rendered extraordinary by their frequency, their violence and their duration. As soon as one person is convulsed, others presently are affected by that symptom. The commissioners saw accesses of this kind, which lasted upwards of three hours; they were accompanied with expectorations of a thick and viscous wa-

ter, brought away by the violence of the efforts. Sometimes these expectorations were accompanied with small quantities of blood; and there is among others a lad, a patient, who has frequently brought up blood in considerable abundance. These convulsions are characterised by precipitate and involuntary motions of all the limbs or of the whole body, by a contraction of the throat, by sudden affections of the hypochonders and the epigastrium, by a distraction and wildness in the eyes, by shrieks, tears, hiccupings, and immoderate laughter. They are either preceded or followed by a state of langour and reverie, by a species of dejection, and even drowsiness. The least unforeseen noise occasions starting; and it has been observed, that the changing of the key and the time, in the airs played upon the piano forte, had an effect upon the patients; so that a quicker motion agitates them more, and renews the vivacity of their convulsions.

Those who have acquainted themselves with the means and effects of the magnetism of the present day, of which we shall come in due time to say something, will perceive how they differ from those of Mesmer and his immediate followers. To the true character of these effects the Commissioners immediately directed their inquiries. They admitted that under the circumstances in which Deslon placed his patients, some of them might get well, a part from the restorative powers of nature acting at the same time, and others from the force of imagination; but they would not allow that cures should be received as evidence of the existence of a special agent, and determined, therefore, to institute a series of experiments, the first of which was on themselves; and we give the results in the following extract:

"In pursuance of these determinations, a particular apartment and a separate bucket were destined for their use in the house of M. Deslon, and the commissioners repaired thither once in the course of every week. The operation was continued in each experiment for two hours and a half, the branch of iron being in contact with the left hypochonder, surrounded with a cord of communication, and forming from time to time the chain of fingers and thumbs. They were magnetised either by M. Deslon, or in his absence, by one of his pupils, some of them for a longer time, and more frequently than others, and those with whom this was the case were the commissioners who appeared from constitution and habit the most susceptible. The operation was performed sometimes with the finger and the rod of iron, presented and guided along the different parts of the body, sometimes by the application of the hands and the pressure of the fingers, either upon the hypochonders or upon the pit of the stomach.

Not one of the commissioners felt any sensation, or at least none which ought to be ascribed to the action of the magnetism.

The commissioners, having at first submitted to the experiment only once a week, were desirous to ascertain whether a continuity of experi-

ment would produce any effect: they submitted to it three days successively, but their insensibility was the same, and the magnetism appeared with respect to them perfectly impotent. This experiment, made at once upon eight different subjects, several of whom were subject to habitual derangements of health, authorises the conclusion that the magnetism has little or no action in a state of health, or even in a state of lesser infirmity."

The Commissioners next proceeded to try experiments on others, and for this purpose assembled at Passy, in the house of Dr. Franklin, who was at that time confined by ill health.

Seven patients were chosen from among the lower classes, and the operation was performed upon them by Mons. Deslon. Of these seven, four felt no sensation whatever,—three only experienced any effects, and these were inconsiderable. Their occurrences, however, determined the Commissioners to continue the experiments.

They now chose patients from the more intelligent classes, who were better qualified to narrate their feelings. Two ladies and two gentlemen were placed at the *bucket*, where they were kept for an *hour and nineteen minutes*. One of each sex felt nothing; the other gentleman thought he experienced a slight sensation in his swelled knee, when the hand was passed over it; and the other lady (subject to nervous disorders) had a feeling of irritation and dejection, with a disposition to sleep.

"Dr. Franklin, though the weakness of his health hindered him from coming to Paris, and assisting at the experiments which were there made, was magnetised by Mons. Deslon at his own house at Passy. The assembly was numerous; every person who was present underwent the operation. Some sick persons, who had come with M. Deslon, were subject to the effects of the magnetism in the same manner as at the public process; but Madame de B——, Dr. Franklin, his two relations, his secretary, and an American officer, felt no sensation, though one of Dr. Franklin's relations was convalescent, and the American officer had at that time a regular fever."

The Commissioners were now attracted to Dr. Jumelin, another magnetiser, whose method was nearly the same with that of Mesmer.

"Eight men and two women submitted to the operation in the first experiment, and felt nothing; at length a woman, who waits in the hall of M. Alphonse le Roy, doctor of physic, having been magnetised in the forehead, but without touching her, said that she felt the sensation of heat. M. Jumelin guiding his hand, and presenting the five extremities of his fingers over the whole of her face, she said that she felt as it

were a flame, that passed from place to place; magnetised in the stomach, she said that she felt heat; magnetised upon the back, she made the same declaration; she also said that she felt hot in every part of her body, and that her head ached.

The commissieners, observing that, of eleven persons that underwent the experiment, one only had been sensible to the magnetism of M. Jumelin, were of opinion that this person had experienced certain sensations, only because she had probably an imagination more easily excited than the rest: the opportunity was favorable for clearing up the point. The sensibility of this woman being perfectly established, the business was only to protect her from the illusions of the imagination, or at least to leave her imagination without any thing to direct its operations. The commissioners proposed to blindfold her, in order to observe what her sensations would be, when she could no longer know any thing respecting the conduct of the experiment. She was accordingly blindfolded and magnetised; the phenomena no longer answered to the places towards which the magnetism was directed. Magnetised successively upon the stomach and in the back, she felt only a heat in her head, a pain in both eyes and in the left ear.

The bandage was removed from her eyes, and M. Jumelin having applied his hands upon the hypochonders, she said that she felt heat; after a few minutes she said that she was ready to faint, and she fainted in effect. When she was tolerably recovered, the experiment was resumed; she was blindfolded, M. Jumelin was removed, silence recommended, and the woman was induced to believe that the operation was performing. The effects were the same, though no operation, either near or distant, was performed; she felt the same heat, the same pain in her eyes and in her ears; besides which she felt a heat in her back and loins.

After a quarter of an hour, a sign was made to M. Jumelin to magnetise her in the stomach, she felt no sensation; in the back, it was the same thing. The sensations diminished instead of augmenting. The pains in her head continued, the heat in her back and loins ceased."

Believing that nervous patients might experience sensations in the parts to which their attention and imagination were directed from their observing the movements of the hands of Dr. J., the Commissioners proposed to him to perform the operation when their eyes were blindfolded. Meeting at the house of the operator—

"They began with an experiment upon his servant. They fixed a bandage over his eyes, prepared for the purpose, and which they employed in all the succeeding experiments. The bandage was made of two calottes of elastic gum, whose concavity was filled with edredon; the whole enclosed and sewn up in two pieces of stuff of a circular form. These pieces of stuff were then fastened to each other, and to two strings which were tied in a knot at the back part of the head. Placed over the eyes, they left in their interval room for the nose, and the entire liberty of respiration, without the person blindfolded being per-

mitted to receive even the smallest particle of light, either through, or above, or below the bandage. These precautions having been contrived, with an equal view to the convenience of the subject, and the certainty of the result, the servant of M. Jumelin was persuaded that the operation was performing upon him. Upon this he felt an almost universal sensation of heat, and certain emotions in the region of the belly, together with an extreme heaviness: by degrees he grew drowsy, and appeared upon the point of falling asleep. This experiment proves what we have already said, that the symptom of drowsiness is the effect of situation and weariness, not of the magnetism.

The same person being afterwards magnetised with his eyes uncovered, and a rod of iron being presented to his forehead, he experienced sensations of pricking: the bandage being then replaced and the circumstance repeated, he was conscious to no sensation. The rod of iron was then removed, and the patient being interrogated if he felt nothing in his forehead, he declared that he felt something move backward and forward from one side of it to the other."

Having performed many other experiments with the same result, the Commissioners became convinced, that the imagination was in reality the chief if not the only source of all the effects produced; and they resolved to reduce the supposition to the test of experiment. They again had recourse to Deslon, who informed them, that when a tree is magnatized, it will, on being approached, impart its influence. He himself chose his subject, a boy, 12 years of age. An apricot tree in the orchard of Dr. Franklin, was selected, sufficiently remote from other trees to prevent their drawing off its magnetism, and while this was imparted by Deslon, the boy was kept confined in the house. The operator was stationed at a certain distance from the tree, with his cane and countenance directed towards it, in order that the influence might be kept up.

"The boy was then brought into the orchard, his eyes covered with the bandage, presented successively to four trees upon which the operation had not been performed, and caused to embrace each of them for the space of two minutes, the mode of communication which had been prescribed by M. Deslon himself.

M. Deslon, present, and at a considerable distance, directed his cane towards the tree which had been the object of his operations.

At the first tree the boy being interrogated at the end of a minute, declared that he perspired in large drops; he coughed, spit, and complained of a slight pain in his head; the distance of the tree which had been magnetised was about 27 feet.

At the second tree he felt the sensations of stupefaction and pain in his head; the distance was 36 feet.

At the third tree the stupefaction and head-ache increased considerably; he said that he believed he was approaching to the tree which had been magnetized; the distance was then about 38 feet.

In fine, at the fourth tree, which had not been rendered the object of the eperation, and at the distance of about twenty-four feet from the tree which had, the boy fell into a crisis; he fainted away, his limbs stiffened, and he was carried to a neighboring grass-plot, where M. Deslon hastened to his assistance, and recovered him."

Many other experiments, followed by similar results, were performed, of which the following may be taken as a specimen. It was executed at the house of Dr. Franklin, to which Deslon had brought two female patients.

"Dame P—— had films over her eyes; but as she could always see a little, the bandage already described was employed. She was persuaded that M. Deslon had been brought into the room to perform the magnetical operation; silence was recommended; three commissioners were present, one to interrogate, another to make minutes of the transaction, and the third to personate M. Deslon. The conversation was pretended to be addressed to M. Deslon; he was desired to begin the operation; the three commissioners in the mean time remained perfectly quiet and solely occupied in observing her symptoms. At the end of three minutes, the patient began to feel a nervous shuddering; she had then successively a pain in the back of her head, in her arms, a creeping in her hands, (that was her expression) she grew stiff, struck her hands violently together, rose from her seat, stamped with her feet: the crisis had all the regular symptoms. Two other commissioners, who were in the adjoining room, with the door shut, heard the stamping of the feet and the clapping of the hands, and without seeing any thing, were witnesses to this noisy experiment.

The two commissioners we have mentioned were with the other patient, Mademoiselle B——, who was subject to nervous distempers. No bandage was employed upon her, but her eyes were at liberty; she was seated with her face towards a door which was shut, and persuaded that M. Deslon was on the other side, employed in performing upon her the magnetical operation. This had scarcely taken place a minute, before she began to feel the symptom of shuddering; in another minute she had a chattering of the teeth and an universal heat; in fine, in the third minute, she fell into a regular crisis. Her respiration was quick, she stretched out both her arms behind her back, twisting them extremely, and bending her body forward: her whole body trembled; the chattering of her teeth became so loud that it might be heard in the open air; she bit her hand, and that with so much force, that the marks of the teeth remained perfectly visible."

We shall not tire our readers with a further citation of experiments, all of which were attended with the same result; but present them with the conclusion to which the Commissioners were unanimously and irresistably brought.

"Compression, imagination, imitation, are therefore the true causes of the effects attributed to this new agent, known by the appellation o

Animal Magnetism, this fluid, which is said to circulate through the human body, and to be communicated from individual to individual. Such is the result of the experiments of the commissioners, and the observations they made upon the means employed and the effects produced. This agent, this fluid, has no existence."

In this conclusion the public so far acquiesced, that Animal Magnetism seemed killed off. Mesmer left Paris, and after residing for a time in England, in disguise, returned to Germany, and died in his native town, in the year 1815.

The Magnetism, however, was but in a state of suspended animation. A lucky discovery of the Marquis de Puysegur, reproduced the curiosity of the public mind. Happening to put a question to a patient whom he had thrown into a magnetic sleep, to his great surprise it was answered, and the *proper* method of treatment immediately pointed out, indicating that the patient had acquired a new faculty—that of practising physic on infallible prinples! With this discovery, the number of magnetizers immediately increased, and the attention of all concerned was directed upon *Somnambulism*, as the prominent effect. The convulsive muscular crises of the Mesmerian Magnetism no longer appeared; and what is not less singular, the means employed were entirely different from those which were in use when Franklin and his French associates, carried on their investigations. To these means we shall first direct the reader's attention.

In 1813, Joseph Philip Francis Deleuze, a native of Sisteron, in the Lower Alps, published at Paris a "Critical History of Animal Magnetism;" and in 1825 put forth a "Manual of Practical Instructions," the title of which is placed at the head of this article. From the latter work, which is regarded as of high authority by the faithful, and is, unquestionably, a most elaborate performance, we shall extract what is necessary to disclose the manipulation to such of our friends as may be disposed to practise it.

"Cause your patient to sit down in the easiest position possible, and place yourself before him, on a seat a little more elevated, so that his knees may be between yours, and your feet by the side of his. Demand of him in the first place that he give himself up entirely, that he think of nothing, that he do not trouble himself by examining the effects which he experiences, that he banish all fear, and indulge hope, and that he be not disquieted or discouraged if the action of magnetism produces in him temporary pains.

After you have brought youself to a state of self-collectedness, take his thumbs between your two fingers, so that the inside of your thumbs

may touch the inside of his. Remain in this situation five minutes, or until you perceive there is an equal degree of heat between your thumbs and his: that being done, you will withdraw your hands, removing them to the right and left, and waving them so that the interior surface be turned outwards, and raise them to his head; then place them upon his two shoulders, leaving them there about a minute; you will then draw them along the arm to the extremity of the fingers, touching lightly. You will repeat this *pass** five or six times, always turning your hands and sweeping them off a little, before reascending: you will then place your hands upon the head, hold them there a moment, and bring them down before the face, at the distance of one or two inches, as far as the pit of the stomach: there you will let them remain about two minutes, passing the thumb along the pit of the stomach, and the other fingers down the sides. Then descend slowly along the body as far as the knees, or farther; and, if you can conveniently, as far as the ends of the feet. You may repeat the same processes during the greater part of the sitting. You may sometimes draw nearer to the patient so as to place your hands behind his shoulders, descending slowly along the spine, thence to the hips, and along the thighs as far as the knees, or to the feet. After the first passes you may dispense with putting your hands upon the head, and make the succeeding passes along the arms, beginning at the shoulder: or along the body, commencing at the stomach.

When you wish to put an end to the sitting, take care to draw towards the extremity of the hands, and towards the extremity of the feet, prolonging your passes beyond these extremities, and shaking your fingers each time. Finally, make several passes transversely before the face, and also before the breast, at the distance of three or four inches: these passes are made by presenting the two hands together and briskly drawing them from each other, as if to carry off the superabundance of fluid with which the patient may be charged. You see that it is essential to magnetize, always descending from the head to the extremities, and never mounting from the extremities to the head. It is on this account that we turn the hands obliquely when they are raised again from the feet to the head. The descending passes are magnetic, that is, they are accompanied with the intention of magnetizing. The ascending movements are not. Many magnetizers shake their fingers slightly after each pass. This method, which is never injurious, is in certain cases advantageous, and for this reason it is good to get in the habit of doing it.

Although you may have at the close of the sitting taken care to spread the fluid over all the surface of the body, it is proper, in finishing, to make several passes along the legs from the knees to the end of the feet. These passes free the head. To make them more conveniently, place yourself on your knees in front of the person whom you are magnetizing.

I think it proper to distinguish the passes that are made without

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*I employ here the word pass, which is common to all magnetizers: it signifies all the movements made by the hand in *passing* over the body, whether by slightly touching, or at a distance.

touching, from those which are made with the touch, not only with the ends of the fingers, but with all the extent of the hand, employing at the same time a slight pressure. I give to these last the name of *magnetic frictions:* they are often made use of to act better upon the arms, the legs, and the back, along the vertebral column.

This manner of magnetizing by longitudinal passes, directing the fluid from the head to the extremities, without fixing upon any part in preference to others, is called *magnetizing by the long pass,* (magnétiser à grands courans.) It is more or less proper in all cases, and it is requisite to employ it in the first sitting, when there is no special reason for using any other. The fluid is thus distributed into all the organs, and it accumulates naturally in those which have need of it. Besides the passes made at a short distance, others are made, just before finishing, at the distance of two or three feet. They generally produce a calm, refreshing and pleasureable sensation."

This lengthened extract, however, contains but a small part of the minute instructions embraced in the hundred closely printed pages, which are to govern both the magnetiser and the magnetisee; and which are delivered with a circumstantiality, that cannot be travelled through, without a *feeling* of reality in the power and effects of the magnetism. Withal, M. Deleuze writes like a most benevolent man, and the conviction is unavoidable, that he is, himself, a firm believer. Every where he condemns a public exhibition of the phenomena, for the gratification of an idle curiosity; and insists that the new and mysterious power should be employed solely for the relief of the sick. Indeed he seems to intimate, that Magnetism exercises no influence over persons in health. But what is this power? Let M. Deleuze answer for himself.

"As we cannot comprehend how a body can act upon another at a distance, without there being something to establish a communication between them, we suppose that a substance emanates from him who magnetizes, and is conveyed to the person magnetized, in the direction given it by the will. This substance, which sustains life in us, we call the magnetic fluid. The nature of this fluid is unknown; even its existence has not been demonstrated; but every thing occurs as if it did exist, and that warrants us in admitting it, while we are indicating the means of employing magnetism.

If the will is necessary to direct the fluid, belief is necessary to induce one to make a firm and steady use of the faculties he possesses. Confidence in the power we possess, makes us act without effort and without distraction. As to the rest, confidence is only the consequence of belief: it differs in this only—one believes *himself* to be endowed with a power, whose reality he does not doubt.

Thus the first condition of magnetizing is the will; the second is the

confidence which the magnetizer has in his own powers; the third is benevolence, or the desire of doing good. One of these qualities may supply the others to a certain point; but to have the action at the same time energetic and salutary, the three conditions must be united.

Magnetism, or the action of magnetism, springs from three things: 1st. the will to act; 2d. a sign, the expression of that will; 3d. confidence in the means employed. If the desire of doing good be not united to the will to act, there will be some effects, but these effects will be irregular.

The faculty of magnetizing exists in all persons; but all do not possess it in the same degree. This difference of magnetic power in various individuals arises from the superiority which some have over others, in moral and physical qualities.

Therefore there are men who have a magnetic power very superior to that of others. It is so great in some persons, that they are obliged to moderate it.

The magnetic virtue develops itself by exercise, and a person uses it with more facility and success, when he has acquired the habit of exerting it."

Such is the theory, which it will be seen is not quite so physical as that of Mesmer. Now for the effects produced on the new and improved method.

"The magnetized person perceives a heat escaping from the ends of your fingers, when you pass them at a little distance before the face, although your hands appear cold to him, if you touch him. He feels this heat through his clothes, in some parts, or in all parts of his body before which your hands pass. He often compares it to water moderately warm, flowing over him, and this sensation precedes your hand. His legs become numb, especially if you do not carry your hands as low as his feet; and this numbness ceases when, towards the close, you make passes along the legs to the toes, or below them. Sometimes, instead of communicating heat, you communicate cold; sometimes, also, you produce heat upon one part of the body, and cold upon an other. There is often induced a general warmth, and a perspiration more or less considerable. Pain is felt in the parts where the disease is seated. These pains change place, and descend.

Magnetism causes the eyes to be closed. They are shut in such a manner that the patient cannot open them; he feels a calm, a sensation of tranquil enjoyment; he grows drowsy, he sleeps; he wakes when spoken to, or else he wakes of himself at the end of a certain time, and finds himself refreshed. Sometimes he enters into Somnambulism, in which state he hears the magnetizer, and answers him without awaking.

As the state of somnambulism ought entirely to change the manner of magnetizing, and as it does not take place except in a small number of cases, we will speak of it in a chapter by itself. Now, we are merely describing what occurs when there is no somnambulish, and pointing out the conduct to be observed in various circumstances."

Passing over a multitude of anomalous and topical effects ob-

served by our author in a practice of 40 years, and detailed with astonishing gravity and minuteness, we shall proceed to his fourth chapter, which treats with equal patience of SOMNAMBULISM and CLAIRVOYANCE, or the faculty of seeing through opaque bodies; and that, too, not with the eyes only, but with various parts of the body, especially the epigastrium and occiput.

"Magnetic Somnambulism, which we call, simply, *Somnambulism*, because that term cannot be equivocal in this work, is a mode of existence during which the person who is in it, appears to be asleep. If his magnetizer speaks to him, he answers without waking; he can also execute various movements, and when he returns to the natural state, he retains no remembrance of what has passed. His eyes are closed; he generally understands those only who are put in communication with him. The external organs of sense are all, or nearly all, asleep; and yet he experiences sensations, but by another means. There is roused in him an internal sense, which is perhaps the centre of the others, or a sort of instinct, which enlightens him in respect to his own preservation. He is subject to the influence of his magnetizer, and this influence may be either useful or injurious, according to the disposition and the conduct of the magnetizer.*

Somnambulism presents phenomena infinitely varied. A description of them may be found in a great number of works published upon this subject. This is not the place to describe them. My design is solely to teach the means of obtaining the most useful results from this crisis, without exposing one's self to the least inconvenience.

Of all the discoveries which have excited attention, from the remotest antiquity, that of Somnambulism certainly gives us the most insight into the nature and the faculties of man. The phenomena to which it has drawn our attention, demonstrate the distinction of two things; the two-fold existence of the *internal* and the *external* man in a single individual: they offer a direct proof of the spirituality of the soul: they make evident the truth known to ancient sages, and so well expressed by M. de Bonald, that *man is an intelligence served by organs*. This advantage cannot be too highly appreciated, especially in an age when audacious minds do not fear to employ the researches of physiology to shake the certainty of the interior sentiment which reveals to us the dignity of man, his supremacy in the order of creation, and his moral liberty; a sentiment which is the basis of social life, and which engages to the practice of virtue, by pointing out to us in a future life the development of our earthly existence, and the recompense of sacrifices made to obey the dictates of conscience. On the other hand, Somnambulism makes known to us the means of curing diseases which are curable, and of relieving those which are not: it serves to rectify the errors of medicine as well as those of metaphysics; finally, it points out the origin of a great number of opinions prevalent anterior to the experiments which have confirmed their correctness: and it res-

*There are exceptions to the character here given, but they are extremely rare.

tores to the order of nature, a multitude of facts which philosophers have disdained to examine, either because ignorance and credulity had altered some of their circumstances, or because, in the dark ages, they were made to serve as the foundation of superstition."

Since we began the preparation of this Review, we have received the London Lancet for September the 9th, of the present year, and find in it a Clinical Lecture on Animal Magnetism, by the distinguished Dr. Elliotson, delivered in University College Hospital, from which we make the following extract. After speaking of some attempts of Mr. Chenevix, in 1829, to display to him (Dr. E.) the effects of Animal Magnetism, the reporter of the lecture continues:

"He was satisfied that there was something more than imagination in these things, but he had had no opportunity or time to carry on the investigation, till he heard of Baron Dupotet being in London, who had magnetised for twenty years, and some of whose works on magnetism he (Dr. E.) had read. He was determined to ask him to afford his assistance. The results of the experiments had been the following:—Generally speaking, it took no effect on male subjects, or if it did it was very slight, consisting of slight twitchings of the muscles, a feeling of fulness, and gasping, or catching of the breath,—in many cases not even so much effect as this. These effects were not, however, imaginary; he (Dr. E.) had felt them, and he had expected rather to go to sleep, if there had been any effect. Some, however, went to sleep, who had made up their minds that no effect could be produced, and had determined to resist it if possible. A great number of female patients had been sent to sleep, and so had one male epileptic for the space of ten minutes, not longer; he was, however, decidedly asleep. This effect was all that was produced in him, and this did not always occur. The experiments had been tried on three girls, one of them epileptic, and two of them hysterical. In the first case the girl was sent into a state of decided coma; she had no sensation; she was pricked with pins, and suffered no pain; she did not feel when her hair was pulled. During the time the influence lasted, she kept rolling her eyes, or moving her lower lip up and down; when the eyes were still the lip moved, and vice versa. Nothing but coma was produced in this case, but she could not open her eyes by herself, nor by transverse movements across them, except these movements were made by the magnetiser himself, as no one else in performing this manipulation succeeded. This was tried repeatedly, and found always to be the case, while the magnetiser succeeded instantly.

With regard to the patient he first mentioned, the effects were most decided; she did not fall into the ecstacy directly after she had been magnetised, but the change in the fits came on after she had been magnetized several times. Hence it was not an immediate effect of the process, though it had been produced by it. These paroxysms were, however, decidedly put an end to by magnetism. She would sit during the

manipulations, and talk as ramblingly as possible, and be exceedingly abusive, then all at once she would stare about her, close her eyes for a moment, and be quite well again. Now, she was brought out of the attacks so repeatedly and so decidedly, that there could be no doubt that the magnetism produced the effects. There was no imagination acting here, as they had seen her when she sat down, restless and abusive, not knowing that she was to be brought to herself; indeed not knowing that she was not herself. She only came out of the fits once or twice without magnetism, but was brought out of them three-fourths of the times by that agency, when it was employed, and she had never, he believed, been brought out of the extatic delirium without it. Many persons had been convinced of the effects of magnetism by this case, who had not believed in it when only sleep was produced. There was no collusion, he felt convinced, in this case. Another patient, a girl, had been sent into a state of coma by means of magnetism; no pricking with pins, or pulling of her hair, would bring her out of that state. There was, therefore, no doubt that a coma, similar to that of epilepsy, could be produced by magnetism. Her jaw was so fixed that it could not be drawn down by the force of the hand, but when a few transverse motions were made over it, it gave way directly. This girl could not open her eyes until they had been magnetized. There was no deception practised in these things. Baron Dupotet said he would open one sense while the others remained shut. He placed his finger in one of her ears, and she heard slightly at first; she then began to hear better, and gradually got to the full sense of hearing, and answered questions; and the last time not only spoke, but fell into a violent rage, and shook an individual, who had offended her, with great force; she sat down, looking the picture of rage, her lips white, and she trembling all over with passion. She was awoke by a few transverse motions over the eyes, and knew nothing of what had occurred during the state of insensibility.

Now, so far as these facts had gone, that is, those that had come under his own notice, he, (Dr. E.) believed in what he should call Mesmerism, for Mesmer might be considered the second founder of the system. He (Dr. E.) was never ashamed to declare what he believed; he had little respect for authority, when he saw facts like those he had observed in the cases manipulated on by Baron Dupotet; he must believe them. The whole profession might laugh, but he must believe that there was a peculiar power which gave rise to the phenomena which he had observed, and that it was not sufficiently known or appreciated."

In illustration of what is here set forth, we shall extract from a brief history of Animal Magnetism, contained in one of the works, the title of which is placed at the head of this article, the following paragraph:

"The patients subjected to fits, predicted, in their state of somnambulism, the exact day and hour when they should have a return of the paroxysm, and as might very naturally be expected, the fits came on at

the time. In this state they also were said to possess the same power of internal inspection with regard to other persons who were placed in magnetic connection *(en rapport)* with them. This condition was called the fifth degree, and all subsequent magnetic states are comprehended under the denomination of *lucidity*, or lucid vision, (Fr. *Clairvoyance;* Germ. *Hellsehen.*)

In the sixth degree, the lucid vision extends to all objects, near and at a distance, in space and time, and is hence called the degree of *universal lucidity*. No patient, it is declared, can reach the higher degrees of magnetism, without, like good masons, having previously passed through the lower. Individuals, it is true, are sometimes placed in the higher degrees at the very first magnetic treatment, but they are supposed to have previously passed through the intermediate stages in so rapid a manner, as rendered it impossible to distinguish the transitions. "In conclusion," says one of the accredited writers on the subject,* "in the higher degrees of Animal Magnetism, we may find a complete practical refutation of all the material theories of the human mind, an impressive proof of the independence of the soul, and the strongest grounds for presuming its immortality; since it has been demonstrated that in its manifestations it is not confined to any one particular portion of the corporeal organism, and that it is capable of exercising its functions without the use of any of those material organs, by means of which it usually maintains a correspondence with the external world."

This is the Magnetism of Europe. Let us see whether that of America is a match for it. To this end we shall quote from the highest authorities. Mr. Hartshorn, in the notes to his translation of Deleuze, affirms, that a female *Clairvoyante*, now in Providence, Rhode Island, can read bank bills and the superscription of letters when they are held with the blank side to her occiput! and that the fact can be substantiated by "hundreds of the most respectable citizens of his native city!" Further, a gentleman wrote a sentence, which he communicated to no one, enclosed the paper "between two thick cards, folded them up in a deep blue sheet, and sealed the whole with wafers, and wax impressed with his own signet." Notwithstanding this, the Clairvoyante read it! Another, or the same, explored the abdomen of a man a mile off, and discovered what his physician had not, that his spleen was enlarged! The man died, and on dissection in presence of eighteen doctors, the organ was found to be augmented to ten times its ordinary size! Finally, Col. Stone assures us, that one of the Providence ladies visited, in imagination, his own house in New-York,

*J. C. Colquhoun, Esq.

and gave a correct description of certain paintings and other articles in his library, some of which were purchased and placed there by himself immediately before his departure for Providence, and were not known to be there even by his own family!!! From these citations, it clearly appears, that the Animal Magnetism of the New World is quite equal to that of the Old. At the same time the means of exciting it are simplified. A Providence magnetizer seldom employs any other organ than the eye. With him, it is not an affair of manual labor. The iron rods of Mesmer and Deslon, and the *passes*, often long-continued and even fatiguing, with the hand, practised by the Marquis de Puysegur, Deleuze and Foissac, are found unnecessary, in our new and susceptible community. A stroke of the eye closes that of the magnetizee, another makes her a somnambulist, a third disembodies her spirit, and sends it on errands to the ends of the earth; we must say, however, that we have not heard of any who have yet travelled beyond India.

Having, as we suppose, sufficiently set forth the phenomena of Somnambulism and Clairvoyance, and cited some of the most reputable witnesses for their existence, let us hear what can be said on the other side, and

First. It should be recollected that the Animal Magnetism of the present century, is represented by all its advocates, as identical with that of the last, although excited by simpler means, and being more spiritual in its character; but the Magnetism of the last century was, as we have seen, overthrown and utterly exploded by the searching experimental inquiry of the French academicians. In a series of phenomena stretching out from the natural and probable, if we find the first to be fallacious, or to depend on a known and common cause, (in this case the power of the imagination, as *demonstrated* by the Parisian Commissioners,) it follows, on the soundest philosophical logic, that the more supernatural appearances are an imposture or a delusion! And on this proposition we might safely rest the cause of the incredulous; but to prevent cavilling, we shall not stop here.

Second. The great difference in the phenomena between the Magnetism of Mesmer and Deslon, in 1784, and that of the Providence Magnetisers of the present day, when these effects depend, as it is alleged, upon the same agent, shows that the magnetizees

are governed by fashion, in what they display. An electric shock was the same in the time of Franklin as it is now, or will be hereafter. The relations between the living body and those subtle fluids, one of which is supposed to be the exciting cause of all the magnetic phenomena, are not variable, but constant—and the phenomena themselves should be uniform.

Third. It *might* be admitted, that the susceptibility of the eye may be so increased by natural causes, that the organ would take cognizance of lower degrees of light than in its natural state, and thus perform the function of vision under circumstances which commonly preclude it; but this is totally different in principle from a transfer of the function to some other part of the body, as the occiput, the temple, or the epigastrium, the nerves of which, (not, moreover, reached by the rays, like the retina) have their own appropriate office. The introduction into the Somnambulist, of a portion of vital power from the magnetiser ought, if it had any effect, to raise *all* the susceptibilities of the former, not derange and transpose them. It would even be less marvellous, if the *whole* surface of the body became sensible to the luminous rays. The alleged facts on which the theory is built, are not such as would occur if the theory were true.

Fourth. When the Somnambulist sees objects placed on the further side of what to all the world are opaque bodies, it can only be because the intervening objects are to *him* transparent; but transparent bodies are not in themselves *objects* of vision. They transmit the light without decomposing it: opaque bodies decompose and reflect it. But if the bodies which constitute the screen are transparent to the clairvoyante, those which are placed beyond it cannot be less so, and must, therefore, be seen through, like those which are intended to conceal them, and if seen through they cannot be recognised by the eye. Hence Clairvoyance would seem to be a physical impossibility. We of course exclude from this proposition those cases of acute natural vision, in which a dim light is sufficient for a perfect inspection, as they depend on a different and well-known principle.

Fifth. But the Somnambulist performs much higher and more difficult functions. He not only *sees* things, through opaque masses of matter, but he *comprehends* the connexions among them, their forms, the laws of their relations and dependencies, although previ-

ously unacquainted with the whole. Thus Dr. B., of Providence, employed, as we have already said, a young lady whom he had magnetized to ascertain the seat of a visceral disease, although she was ignorant of the structure of the body; and many of the European Somnambulists, of the most ignorant classes, are said to have not only done the same thing, but pointed out infallible methods of cure. Here then is not merely a transposition of the sense of sight, and an exaltation of it till opacity vanished, but the actual bestowment of a new *intellectual* power, raising the individual above the necessity of studying the organization and laws of natural bodies, and approximating her to God himself. If this were supposed or pretended to be brought about by supernatural communication, it might be received as a miracle, but when it is presented as the effect of a natural cause, most reflecting minds will, we should think, require even stronger evidence than they would require to be convinced of an influence from above.

We are not, however, under the necessity of relying on these modes of refutation. We began this article by an allusion to Mr. Durant's book on the Providence Somnambulists. Of the style and manner of this performance, we can speak in no other than terms of perfect condemnation. It is throughout coarse and even vulgar; ambitious, but vapid, in its attempts at wit; and redundant in actual abuse of many highly respectable men. Nevertheless, it bears intrinsic evidence of truth, and although many weeks have elapsed since its publication, those who are arraigned for ignorance, credulity, imposture and falsehood, have not, as far as we know, made any reply. From this we cannot excuse them on the ground of their having been treated with great indecorum. The book professes to set forth facts and experiments; and cites times, places and persons, when, where and among whom the experiments were made; and silence on the part of those implicated, either as actors or witnesses, must be received, as acquiescence in the statements given. Now, these statements amount to this, that no Somnambulist, either in New-York, where the experiments were commenced, nor in Providence, where they were ended, displayed the slightest degree of Clairvoyance, nor succeeded in guessing, beyond the ability of the most ordinary mortals. Several of them, indeed, did not succeed in maintaining their alleged insensibility to all impressions, except those made on them

by the magnetiser and the persons by him placed in magnetic communication with the magnetised. One started from her chair and screamed for help, when, during the absence of her magnetizer, those around her proposed to take a quart of blood from her arm; another started when Durant suddenly clapped his hands near her head, and another, apparently forgetting herself, went into free and natural conversation with him, while he was not in magnetic communication with her, when, according to their magnetizer, she was insensible even to the sound of a cannon! He persuaded one that he had discovered a substance, that would intercept the magnetic currents, which he professed to believe flowed into her system from the eyes of her magnetizer; whereupon, regarding him as a believer in their reality, she ceased to feel their influence, and was much amused at being able to thwart the influence of the person who could generally disembody her spirit in five minutes. The screen which Durant interposed was a sheet of tissue paper! The Somnambulist on whom this experiment was made was Mrs. Andros, whose husband was her magnetiser—a seemly arrangement—and who had brought her from Providence to New-York, to exhibit her for money! Our author did not fail to attack Miss Brackett, the subject of Col. Stone's letter, but her magnetic power vanished at his approach. She performed nothing for him, whereupon he falls into a passion with the Colonel, who he informs us had been his benefactor, and abuses him to the end of the volume. As to Clairvoyance at the epigastrium, it is according to our author, effected by the eyes directed downwards along the nose, when a handkerchief is tied across the face. Whoever thus blindfolds himself will find that he can see things placed over the pit of the stomach; but it seems incredible that the scientific men of Providence should not, in their experiments, have, like the Parisian Commissioners of 1784, devised a better method of enclosing the eyes.

As a specimen of Mr. Durant's book, we shall transcribe, entire, his sixteenth experiment.

"On leaving Miss Brackett, I called, pursuant to a previous appointment, to witness an experiment with Miss Parker, at the residence of Dr. Brownell, who is her magnetizer, and a regular professor of the magnetic doctrine. Dr. Brownell is also an eminent physician, and bears an unblemished reputation for probity and honor. A short interview with that gentleman satisfied me that he was above suspicion

of deception, and as sincere and honest in his belief as the other professors of Animal Magnetism.

Miss Parker* is one of the most celebrated somnambulists in this country. It was her who discovered the diseased spleen recorded in chapter four. She is about twenty-seven years of age, and in her true character, I would place her second best to all the somnambulists, Mrs. Andros being considered first for intelligence and tact in the deceptions of the craft. I had little previous conversation with Dr. Brownell about my theory. He thought he could convince me that Miss Parker possessed clairvoyance, and this experiment was expressly to satisfy me on that point. There were present Dr. Brownell, Dr. Miller, Mr. Church, Miss Parker, and myself. Brownell's process for magnetizing is the same as that of Mr. Andros. The Doctor was seated about four feet from Miss Parker, and closed her eyes in about eight minutes, when he said she was in magnetic sleep, and insensible to any torture or noise, except from one in magnetic communication, and perfectly subject to his "will" in all her actions. She is never blindfolded, because she does not complain of the light. Her invisible eyes are generally on top of her head, though sometimes she sees best behind. She always keeps her eyelids a little open, in order to catch a glimpse of the object before it goes on top of the head or behind her. This is very important, because sometimes the name of the object is not spoken aloud, and then it would be impossible to acquire the necessary knowledge by the magnetic cords through the ears. She is very shrewd, but she found my theory too deep for her shrewdness, as you shall see by the particulars of this experiment. She was seated in a rocking chair, directly in front of the sofa, on which sat Miller, Church and myself. I requested the doctor to "will" the hand to raise, but he could only move it an inch or two. He remarked, this was extraordinary, because he could generally "will" the hand to touch the head.† I concluded to try the same game which I tried with Miss Brackett, and asked Brownell if she could hear what I said. He replied, "no, she can hear nothing unless I will her to hear." I held a knife in my hand, and said audibly, "see if she knows I have a knife in my hand, "What has Mr. Durant got in his hand?" "*A knife.*" "See if she can tell that I have a book in my hand." "What has Mr. Durant got in his hand?" "*He holds a book.*" "Yes, now we will try the other part of my theory, doctor; and in this case you should not know yourself what I hold. Ask her what I have in my hand." I held a piece

*The first of this lady's fame was having four artificial teeth inserted while in magnetic sleep, without being conscious of it until she was waked. This case is often used in support of the doctrine; the true theory is this: she wanted four teeth, and suffered excruciating pain without complaining, for the sake of having the teeth inserted gratis. She is poor, and I fear will remain so, unless she tries some new science that my theory cannot unravel.

†The true cause of failing to get the hand up, was, that both she and Miss Brackett had heard of my theory working miracles on Miss Ebon, and they concluded to thwart me in that, at least. Miss B. and Miss P. are great cronies; they come together almost every day, and tell each other what has transpired. By that means they obtain much knowledge in the way of "clairvoyance;" these two have been magnetized together, and very interesting stories are told of their "*monkey shines*" in such cases.

of pine chip behind her. "What does Mr. Durant hold in his hand?" She hesitated some time, and said, "*It is paper.*" "Ask her what colored paper." "What is the color of the paper?" "It is blue, nearly white." "Are you sure it is paper?" "*Yes.*" "Is there any writing on it?" "*There is some letters on it, but I cannot see what they are.*" These and similar questions were repeated at least twenty times, and she continued to give similar answers. I held it perfectly enclosed in my hand to her head, face, and various other parts; but still, "it was paper—light blue—nearly white—some letters on it." "What is the use of it?" "*I can't tell.*" "What is the shape of it?" "*Long, and appears to be in two parts.*" I now held it up open over her head, so that Miller, Church and Brownell could see it. Still "*it is paper—nearly white—light blue—some letters on it—can't tell what they are—it is in two parts.*" "Which hand is it in?" "*Right.*" It was in the left. I now shifted it to the right hand. "Ask her if she is sure it is in the right hand?" "Are you certain it is in the right hand?" "*It was then in the right hand, but it is now in the left.*" So she continued for more than a half hour, asserting the pine chip was "paper—light blue—writing on it—in two parts," &c. I clapped my hands suddenly, and she started as much as a person awake would do. "How is that, Doctor; she hears no one but you, and yet she starts at the noise I make?" "Oh, she can't be sound asleep." "How do you know when she is sound asleep?" "We know they are sound asleep when they tell correctly, and do not start at a noise, was his reply. "Well then, Doctor, she cannot be sound asleep, for she tells all wrong. You had better magnetize her more;" so the poor doctor went to work magnetizing her more, and asked her if she felt perfectly asleep. "*Yes, I am perfectly asleep now,*" was her reply. I clapped my hands, and she started again; "how is that, doctor, she cannot be asleep yet?" "Well, I don't know, she never started so before;" and here the doctor took up two books and clapped them together; she moved very little, and he tried it again, when she scarcely stirred* a muscle; "I think she is perfectly asleep now," said the doctor; "take the books and see if you can start her;" I declined, and expressed myself satisfied that she was now asleep. Dr. Miller remarked, "suppose you try if she can read; she does read in her sleep, don't she, doctor?" "Yes, she can read, but she can always tell one letter best; suppose you step in the other room, Dr. Miller, and put a large letter in a book, and hand it to me. I will see if she can tell what it is." Dr. Miller accordingly arranged a large letter in a book, and gave it to the doctor, who remarked, "the letter must be upright." so Dr. Miller opened the book to be sure, and gave it to him, and he asked her to look at the letter, and tell what it was; after a little hesitation she answered, "*it is M; I think it is M; but I can't see very plain.*" "Ask her to be sure." "Are you sure it is M?" "*Yes, it is M.*" He opened the book, and what do you suppose it was? a large D, at least one inch long. I pitied the poor doctor, and feared he would be obliged to believe my theory; he could not account for so

*She was, by that time, prepared to stand any noise.

many failures. I asked the doctor if she could distinguish flowers; and proposed trying her, which he consented to; and while I was taking some flowers from a boquet, in the adjoining room, to cover a bottle of hartshorn, he came in; I remarked, "we will see if I can cheat her." He made no objections; so I put it to her nose. She immediately opened her mouth, and ceased breathing at the nose; but she stood it well for nearly half a minute; when the doctor thought it might strangle her, and wishing to keep him in good humor, I took it away. At that moment Dr. Miller remarked, "there are tears in her eyes; she is crying about something." "*Oh, see how the man is whipping the child,*" was her shrewd excuse. "She sees a man whipping a child,"* said the doctor; who continued, "she often laughs and cries at things which she sees in her sleep." Dr. Miller proposed asking her the time by the clock. Dr. Brownell said, "try your watch, Mr. Durant, alter the hands, and I think she will tell the time by it; she seldom fails in that." I did so, and held the face to the palm of my hand. Dr. Brownell asked, "what time is it by Mr. Durant's watch?" She hesitated a little, and opened her mouth with a low whisper. "What do you say? speak louder; we don't hear you." She still continued to move the lips, as if replying to each question. Once the doctor said, "I think she says something about ten and three."† "Well, be sure you know what she does say; my ears are very sensitive, and although close to her lips, I cannot distinguish a word." "Speak louder." "I don't hear a word you say." This pantomimic farce continued more than half an hour, when he gave up, and said, "I don't hear what she says; it is no use to question her any more; she never acted so before, and I don't know

*Recollect, she had not been out of the room, even in spirit; her last ramble was, guessing *at* a letter in the room. They are all very shrewd in this particular generally; if they are away describing furniture, and you suddenly ask them to look at something in the room, they will say, you must bring me back first; I can't come back alone. But she forgot herself in this particular instance; her excuse to be consistent with the doctrine, should have been, "*Doctor, your room is full of strange smoke; I can't see it, and yet it strangles me,*" or any excuse relating to the room which she was in.

†Here is a proof of her shrewdness, and a key to Col. Stone's pictures. She knew by my conversation with the doctor, that she had failed in every thing, and she knew the chance of guessing the time was not more than one in one thousand, and though she would not care much about this failure alone, yet this connected with the others, she knew would be a strong proof of her imposition, and therefore, she articulates something to sound like *three o'clock*, and ten minutes; but so low, that it might be taken for any thing else. Now, suppose the time by the watch was thirteen minutes past one, and all present, including myself, were believers in the doctrine. I would then have said, "ask her again, and see if the ten is not *one*," as that sounds like ten. She would hear it, and when asked, "speak louder; I can't hear you," she would have said, "* * * *one* * * *" "yes, I think she says one;" "well, that is correct; it is thirteen minutes past one;" "but she did not tell the minutes correct; see if you was correct about the three;" "speak louder, we can't hear you; what time is it?" and she would have answered, "*thirteen* * * * *" "yes, she says thirteen," and all present would have gone to a justice of the peace to make affidavit, that Miss Parker told the time by a watch, with the hands altered, when it was enclosed in paper, or at her back; but my theory was too deep for one who can see a *diseased spleen*. The watch was twenty minutes past four, and she would not have told it in four times twenty guessings.

the cause, unless it is something in the atmosphere about you."* "Well, Dr. you will acknowledge she has failed in every thing with me, except the book and knife, which you knew† yourself; so you must give up all pretensions to seeing with invisible eyes." The doctor acknowledged again having failed with me; but he cited the case of diseased spleen, Col. Stone's letter, and talked about respectable proof of what had been done. I told the doctor I was now through with all the principal somnambulists in Providence, and that they had all failed as Miss Parker had failed; but that I would stay a week or a month longer, if he would name a time to show me another experiment. He expressed sorrow both in words and looks, that every somnambulist had failed with me, but could not give another experiment, because Miss Parker had already spent too much of her time in these experiments; he felt reluctant to ask her for another. She had been waked up, and was then in an adjoining room, where Miss Brackett had just arrived on an afternoon call. I heard a part of their conversation. It was about an article on Col. Stone's letter which she (Miss B.) had just received in the N. Y. Commercial, of the 4th Sept.; they had a fine time over it; but I could not avoid a thought of the future, and, in imagination, I saw Miss Parker weeping over this narration, (for she has some virtues and some modesty;) and I imagined myself saying to her, Weep, woman, weep, for your dark deeds are unveiled; weep for the disgrace you have brought on yourself; weep for the stain which your deception has caused to your sex; weep tears of repentance to wash out your iniquities, registered in heaven; weep, woman, weep tears of humanity, till your heart melts within you, for "*Oh, see,*" I am now lashing "*the child!*."

With this quotation we leave M. Durant, having made it with reluctance, and from the necessity of the case.

Let us now turn our attention to the Somnambulism and Clairvoyance of Europe. While composing this review, we received, in our London Medical Gazette, a new Report to the Royal Academy of Medicine, as late as the 22d of August last, by a committee of its own body. This committee, appointed six months before, consisted of Roux, Bouillaud, Cloquet, Emery, Pelletier, Caventou, Cornac, Oudet, and Dubois, several of whom are known to our readers as men of eminent talents and philosophical acumen. The immediate cause of the inquiry with which they were charged, was a letter addressed to the Academy by Dr. Berna, a Parisian physician, professing to demonstrate to them the reality of Magnetic Somnambulism and Clairvoyance.

In his *programme* he engaged to prove the following points:

*Several of the professors attributed the total failure of all experiments during the week I was at Providence, to a "*bad atmosphere about Durant.*"

†I should think it strange, if she did not know those two things, when she had her *ears* open, for I spoke the names loud enough to be heard by an adder.

"1st. Somnambulism.

2d. Proof (constatation) of insensibility to pricking and tickling.

3d. Restitution, by the mental will, of the sensibility.

4th. Obedience to the mental order to lose motion.

5th. Obedience to the mental order, to cease answering in the midst of a conversation; and to the mental order, to answer again.

6th. Repetition of the same experiment, the magnetizer being separated from the somnambulist by a door.

7th. Waking.

8th. According to the mental order which shall be enjoined in the somnambulic state, persistence in the restoration of the sensibility, and also persistence of the power of losing or recovering this sensibility at the will of the magnetizer."

For this purpose he selected two patients, or rather subjects, which we may suppose he regarded as his most favorable specimens. The first was a young girl; the second a woman, thirty years of age. We shall not follow the committee through the details of their experiments, which, like those of Dr. Franklin and his associates, in 1784, were conducted with great caution and fairness, but content ourselves with transcribing a part of their conclusions.

"*Resume and Conclusions.*—1st. It results, in the first place, from all the facts and all the incidents of which we have been witnesses, that in the preamble no special proof was given us of the existence of a particular state called that of magnetic somnambulism; that it was only by assertion, and not by demonstration, that the magnetizer proceeded in this matter, affirming to us at each sitting, and before any experimental trial, that his subjects were in a state of somnambulism." * * *

2d. According to the terms of the programme, the second experiment was to consist in the proof of the insensibility of the subjects. But after having mentioned the restrictions imposed on your Commission—that the face was put out of sight, and removed from every trial of this kind—that it was the same for all the parts naturally covered, so that there remained only the hands and neck;—after having reminded you that on these parts we were permitted to exercise neither pinching nor scratching, nor the contact of any body, either on fire or of a slightly raised temperature, but were limited to the sticking in of needles to half a line deep; after recalling all these restrictions, we are justified in deducing from these facts—1st, that none but very slightly painful sensations could be excited; 2d, that these could be produced only on parts perhaps habituated to this kind of impression; 3d, that this kind of impression was always the same, and that it resulted from a kind of *tatonage;* 4th, that the features, and especially the eyes, where painful impressions are more especially indicated, were hidden; 5th, that in consequence of these circumstances, an *impassibilite*, even complete and absolute, could not be a conclusive proof to us of the abolition of sensation in the subject in question.

3d. The magnetizer was to prove, that by the mere intervention of

his will, he had the power of restoring, either totally or partially, sensibility to the somnambule. * * * * All the trials made for this purpose, completely failed. * * * * *

4th. What we have said of the abolition and restitution of sensibility may be completely applied to the pretended abolition and restitution of motion: not the slightest proof was given of it to us.

5th. One of the paragraphs of the programme had for its title—Obedience to the mental order, to cease in the middle of a conversation from answering verbally, or by signs, to a particular person.

The magnetizer endeavored, in the sitting of the 13th of March, to prove that the tacit power of his will could produce this effect; but it results from the facts then observed, that, far from producing this result, his somnambule appeared no longer to understand, when he did not wish to prevent her from understanding; and that she seemed to understand anew, when positively he did not wish her to understand. * *

6th. Transposition of the sight. Yielding to the wishes of the Commission, the magnetizer, as you have seen, left the abolitions and restitutions of sense and motion to pass to greater facts—that is, to facts of vision without the assistance of eyes. * * *

As to real facts to prove the vision by the occiput—absolute, decisive and peremptory facts—not only were they wanting, and completely wanting, but they were of a nature to give rise to suspicions as to the honesty of this woman. * * * * *

7th. *Clairvoyance.*—Despairing of proving the transposition of the sense of sight—the nullity and superfluity of the eyes in the magnetic state, the magnetizer wished at least to take refuge in the fact of *Clairvoyance*, or vision through opaque bodies.

You know the experiments made on this subject; they present the capital conclusion, that a man placed before a woman cannot give her the power of seeing through a bandage. * * *

If, now, you ask what ultimate and general conclusion we would draw from the whole of the experiments made under our inspection, we would say, that M. Berna was without doubt under an illusion, when, on the 12th of February, in this year, he wrote to the Academy of Medicine, stating, &c. Those facts which he promised to show are all known to you; you know, as we do, that they are any thing but conclusive in favor of the doctrine of Animal Magnetism, and that they can have no relation either with physiology or with therapeutics."

The whole committee, it will be observed, subscribed these conclusions, while one of them, Oudet, is the very person, as we learn from the Report, who had previously testified in the Academy, that he had extracted a molar tooth from a female in a state of Somnambulism, without her being conscious of it. The committee, then, was not composed entirely of the opponents of Animal Magnetism.

To this testimony we shall only add, from the London Medical Gazette for the 16th of September last, that a Magnetizer, in the presence of a large number of medical gentlemen, had just befo

undertook to magnetize several patients in the Middlesex Hospital, and repeated his operations for several days. He selected some "hysterical girls on whom to try his powers, but entirely in vain—they were scarcely even frightened."

Here we shall leave the subject of testimony. To establish that which is at variance with the experience of the world, it is necessary that all the witnesses should concur. In regard to Somnambulism and Clairvoyance, the evidence is not only divided, but that of the most scientific cautions and disinterested, is against it, and to our minds carries irresistable conviction.

But is there *nothing* then in Animal Magnetism? Are all who now stand forth as its advocates, and their predecessors, either impostors or the dupes of impostors? Is such a theory of the case allowable? We think not. We do not believe that they who first promulgated the doctrine, invented the phenomena; and before we can have a counterfeit, there must be a reality. Imposture, it is true, need not limit itself to counterfeiting, but may go far beyond its prototype.

We suppose, then, that one human being may and often does exert over another a very great influence, by looks and movements, merely addressed to the eye. The power of snakes and cats over birds, is a generally acknowledged fact in natural history, or at least the testimony in its favor is highly respectable; and even the ferocity of a dog may be subdued and converted into cowardice by the eye of man. When Dr. Willis was censured in the British House of Commons, for allowing his patient, George III, partially insane, the use of razors to shave himself, his defence was, that he could have prevented the king from committing suicide; and on being asked by Mr. Burke, how? that experienced physician replied, with my eye—at the same time directing it upon the celebrated orator, with such an expression, as compelled him to turn his head aside, and silenced further interrogation. It is known to all the world, that a glance of the eye, on a first interview, has fallen upon a young man, with such fascinating power, that he has never afterwards been able to extricate himself from the influence of her who sent it forth. The intensity of the intellectual character is strikingly manifested in the stroke of the eye, and it is an axiom in practical magnetism, that the operator must have an intellect superior to that of the patient. Here then we

take it, is the starting point and a reality for many of the phenomena to rest upon. But does any thing physical pass from the eye of the magnetizer to that of the magnetizee? We believe not. The agent is an expression of the mind in the language of the eye, the effect is produced on the mind of the patient, and thence transferred to the body. Emotions are raised, and the imagination is excited, and immediately exalts the emotions still higher. The nervous system becomes agitated, and re-acts upon the mind, and thus a certain number and variety of phenomena are produced. The nature and true cause of these phenomena may not be understood by the parties concerned, and then the theory of a mysterious physical influence comes into their aid.

In the second place, certain manipulations are performed. Gesture, not less than occular expression, is a universal language. There is therefore a susceptibility in the human mind to be acted upon by it. Gesture can raise in us natural emotions. If the gesticulation be strange and unnatural, and the eye should at the same time give evidence of intensity and earnestness of purpose or desire, a new and incomprehensible emotion will be raised in the person towards whom it is directed. His curiosity is excited, a feeling of alarm begins to germinate in his mind, he becomes perplexed, and at length mystified.

Third. Credulity in regard to the existence of occult influences, both natural and supernatural, is a trait of human nature. It exists in very different degrees in different minds, and although most conspicuous in the ignorant and weak-minded, is by no means, universally, in an inverse proportion to the intellect. It existed in great activity in Dr. Johnson, who believed that he had once heard his mother, when he was at Oxford and she was in Litchfield, call him *Sam!*

Fourth. Now as life is a mystery even to the profoundest physiologist, they who are ignorant of its laws are predisposed to believe in all that may be affirmed, by those whom they presume have studied it. Let such an one then be subjected to the steady and unearthly gaze of a magnetizer, and watch his new and strange gestures, and, it is quite impossible that an agitation of mind and body should not be excited, and this once experienced, must confirm the wavering belief of the patient, and greatly augment the influence of the subsequent experiment.

Fifth. The nature of this effect, or the particular mode in which it is manifested, will be modified by circumstances. When a solitary individual is subjected to the process employed at the present time, the silence of the room, his fixed position, his required impassiveness, the steadiness of the eye of the magnetizer, and the monotonous movements of his hands and fingers, are calculated to produce drowsiness; and this effect once produced, a new principle reinforces those gentle somniferous influences. Imitation or fashion is not confined to an apeing of that which passes before us, though it is then most active, but exerts an influence at a distance. The effects which the patient understands have been produced in others, he encourages or invites in himself, and, it is they, which are most likely to occur. Hence drowsiness or sleep will naturally be one of those nervous affections, which may be legitimately produced by the means which we have been considering. In the days of Mesmer, convulsive movements were more common than sleep; for he assembled and connected his patients together, by three different ties. They kept each other awake, as mere association will, and the iron rods which he employed for conducting a physical agent from the earth into their limbs, suggested the idea of convulsive action; finally, when this occurred in one of the circle, imitation, as the Commissioners observed, seemed to assist in propagating it successively and rapidly to all the rest.

Sixth. We believe then that the nervous function generally, and the feelings and intellect of a certain class of patients, may be excited and disturbed by the processes which the magnetizers employ, without the transmission from them of any thing whatever; and that these effects, which all parties honestly believe to be the offspring of some occult cause, are the prototype of the whole display which is made in the publications by the magnetizers. It is these which the magnetizers counterfeit or exaggerate. To what extent this imposture is carried, is a moral not a physical inquiry; but not to enter upon it, we do not hesitate to express the opinion, that immense impostures have been practised. Both the opportunity and inducement exist, and it would argue great incredulity to believe that they do not invite to it. The extent to which the actors may be parties to these impositions, is various. The magnetiser may be honest, and the magnetisee dishon-

est—they may be transposed in this respect—or they may act in collusion.

Seventh. Animal Magnetism, then, is resolvable into the excitation of the feelings and the imagination, by the means which are prescribed and employed by the magnetisers, and which, as we have seen, vary considerably in different ages and nations. To what extent this excitement may be raised, and in what degree it may be made to influence the functions of the nervous system, can only be determined by observation and experiment; but, that very striking effects may be produced by it, cannot be doubted. In weak and badly balanced minds, it might occasion mental alienation, for all strong feeling, in connexion with excited imagination, is apt to disorder such minds. And, indeed, we are disposed to think, that much of what has been related, by some of those who have been thus excited, was, indeed, from true but temporary insanity. Their imagination imposed upon them a delusion. They announced their vivid maniacal conceptions for realities, and believed in the truth of what they stated. In feeble and nervous constitutions, the physical effects of this mental action might be spasms of the muscles, disturbed, exalted or benumbed sensibility, reverie, drowsiness, and for aught we know or believe, more or less of Somnambulism—but neither the capacity of seeing through opaque bodies, nor half round the globe; though it *might be* a conviction on the part of the *patient*, that he could do both. In certain forms of nervous disease, this excitement of mind may produce beneficial effects; but the extent and kind of influence cannot be foretold; and while we recognize artificially excited states of feeling as among the legitimate resources of the profession in the treatment of these maladies, we must be excused from believing, that Animal Magnetism will ever become an available portion of our materia medica. Nevertheless, a single cure, now and then performed, will keep alive the popular delusion, and even draw in a portion of the medical profession.

Eighth. How does it happen that Animal Mognetism exerts its influence epidemically? We have seen a hiccough in a nervous girl. excite to an unnatural degree the same affection in her two female companions. Chorea is well known to become epidemic in boarding schools. Yawning will spread from a single individual throughout a whole circle. Particular modes of medical prac-

tice sometimes spread through a whole community of physicians. Speculation in stocks or property frequently pervades a city. Finally, a particular superstition, as that of witchcraft, has often taken as entire possession of great masses of people, as if it had been an epidemic disease. In all of these cases, every new believer creates others—"what every body believes must be true"—all become involved in the mists of credulity—the aggregated or social mind falls into disease, and if no extraneous influence is brought to bear upon it, there is no remedy but to wait, as when medicine is withheld in the diseases of the body, till the morbid action wears itself out and subsides. Sympathy, imitation, love of the marvellous, the very confidence of man in man, without which society could not exist, the desire of interchanging opinions and feelings, and their reciprocal influence on individuals, are natural causes sufficient to explain the spread of Animal Magnetism through a community, as it is now raging in Providence, as it has at different periods prevailed in the cities of France and Germany, and may, perhaps, at this time, be spreading in London.

Ninth. We know that caloric passes from one animal to another, by contact and conduction. We also know that the human body is a good conductor of electricity, and that it may be made to modify or to assist in the performance of some of our functions, both animal and organic; still further, we know that a change in the temperature of our bodies, or any part of them, affects the state of the electricity which is in or around them; effects which belong to the head of thermo-electricity, in the science of natural philosophy; finally, we know that the true magnetic phenomena, which are displayed in the magnetic world, are curiously modified by electricity; but nothing yet known of the effects of any of these agents upon the living system, warrants the conclusion, that the phenomena of Animal Magnetism are produced by any one or all of them. On the contrary, the highest degrees of these phenomena are said to be produced under conditions which demonstrate, that these active agents are not pressed into the service of the magnetizer, as for example, when he only looks at the person whom he magnetises, or exerts his influence without being present. D.

MISCELLANEOUS INTELLIGENCE.

ANALECTIC, ANALYTICAL, AND ORIGINAL.

1.—ANALECTIC.

AD SYLVAS NUNCIUS.

1. *Epidemic Influenza.*—This affection, which we noticed in our preceding No. as having prevailed last winter in certain parts of Europe, seems to have had a very extensive range. It is said to have made its appearance at Sidney, New South Wales, early in October, 1836, and at the Cape of Good Hope on the first of the succeeding month. It broke out in the northren parts of Scotland before the end of the year, and was prevalent somewhat earlier in the counties bordering on the Baltic; so that its occurrence there and at New South Wales was cotemporaneous.

Our readers are in possession of pretty full descriptions of the epidemic as it appeared in England, and we shall now lay before them the best accounts of it that have reached us of the phenomena it presented in France, Belgium and Denmark.—*Am. Jour. Med. Sciences.*

2. *Influenza in France.*—*La Lancette Francaise*, of the 28th of February last, contains a highly interesting lecture by M. Andral, on the epidemic, as it appeared in France, from which we extract the following observations:

The disease occurred at all ages, and in both sexes. There were few cases, however, in children under two years; a large number of twelve years were attacked, but the greater number of those affected were adults; old persons were not exempted from it; it has been observed in individuals of 85 years of age. It occurred among all ranks and conditions of society, and in every locality. It was not observed to be more prevalent or severe in populous or crowded situations, or where the rules of hygiene are less observed than in those quarters of the city inhabited by the rich. In one house sometimes a single individual was affected, all the rest escaping the disease; this, however, was very rarely the case. In other dwellings, all the inhabitants have

been attacked, either simultaneously or successively. A very striking feature of the influenza is a certain disturbance of ennervation, especially of sensibility and motility, and more rarely of the intellect. From the very onset there is pain of the head, which oppresses the patient, and almost prevents him from moving the part. It is chiefly felt about the centre of the forehead, and is of a lancinating character, and accompanied with a sensation of heat or of extreme pressure, with a sense of stupor and vertigo. Some patients are so much affected by it, as to say if it continues they shall perish of a brain fever or an attack of apoplexy. The face at the same time is red, the eyes injected and watery; the ears are the seat of a distressing humming sound. Some patients complain of a prickling in different parts of the surface, especially of the palms of the hands, which in many cases present nothing remarkable to the sight or touch, while in others they are red, swollen, and erythematous, particularly towards the junction of the last phalanges with the metacarpus. In others the pain was less superficial, darting through the substance, as it were, of the limbs; in others the pains were of a contusive character, and principally felt about the larger joints. The pains in general were experienced from the onset of the disease. The pain of the head and stiffness of the limbs, were in many cases the only symptoms that the patients experienced; in other cases, there was in addition, a sense of contraction of the chest, preventing a full dilatation of its parietes, and threatening suffocation; the latter phenomena did not assume, in any case, a very alarming aspect.

In almost every instance there took place a sudden depression of the muscular strength, which continued often during the whole course of the disease, and persisted even after the disappearance of the other symptoms. Very painful and distressing cramps occurred in some cases, but happily in very few. The intellect, excepting in very few instances, presented nothing remarkable; the patients were, it is true, greatly depressed, but otherwise their mental faculties were in no degree impaired. In some who suffered from intense febrile excitement a temporary delirium was observed. Sleeplessness was in a great number of cases very obstinate.

In the greater number of cases the tongue was broad, humid, and covered with a whitish coating; in some, however, it was red and dry. The posterior part of the fauces presented nothing remarkable. The pain in the throat of which the patient complained had not its seat in the pharynx, but in the air passages. Declutition was always easy. The appetite failed during the febrile stage, and this inappitency often continued after the removal of the other morbid phenomena. There was in general but slight thirst. Some patients experienced a sense of weight at the epigastrium, but rarely intense pain. The abdomen has remained, in by far the greater number of cases, supple and without tenderness. The evacuations by stool were not natural; constipation was a more frequent symptom than diarrhœa. In some cases, either as an effect of the disease itself or of its complications, a very obstinate vomiting and a copious diarrhœa, with colicky pains, were observed. This was rarely the case at Paris, but at Passy it appears to have been more common.

The mucous membrane of the nares was in a great number of instances the seat of a mucous flux and of hemorrhages. The latter were frequently slight, but in some cases sufficiently profuse to require the plugging up of the nasal fossæ. The voice was almost always altered. More or less hoarseness, with pain along the course of the larynx and trachea, were characteristic symptoms of the epidemic. Cough was rarely absent; the attack frequently commenced with it; it was very obstinate in some patients, and persisted for a long time after the disappearance of the other symptoms. It frequently occurred in paroxysms, which were very painful and fatiguing. It was sometimes dry, and at others accompanied with an expectoration of a gluey, whitish and transparent matter, containing globules of air. In some cases the sputa were more consistent and opaque, and resembled those we observe towards the termination of an acute bronchitis. In such cases the cough continued for a longer period; it was occasionally accompanied with a sense of strangulation so intense as to seem to threaten asphyxia. The cough had its origin in the larynx and trachea, and rarely proceeded from the bronchi. Thus, in by far the greater number of instances, ausculation and percussion of the thorax gave only negative indications. In some cases, nevertheless, an engorgement and thickening of the mucous membrane was shown to exist by a dry and sonorous rhonchus.

Sometimes the respiration was normal; at others, there was a great dyspnœa. In some cases the impediment to respiration arose from a very acute pain in the parietes of the chest, which prevented its dilatation. When the dyspnœa was severe, there took place an alteration of the features to a greater or less extent, with violet tint of the face and coldness of the extremities. But these symptoms were soon removed by energetic treatment. Death never resulted from them. The oppression of the chest increased considerably where a secondary inflammation of the pleura and of the lungs has manifested itself. It is proper to notice as another cause of dyspnœa, the pseudo-membranous inflammation of the bronchii pointed out by M. Nonat. This is by no means rare, and it would be more commonly detected if greater care were taken to examine the final ramifications of the bronchii. In old persons a very profuse secretion took place from the bronchial mucous membrane, which could not be expelled by the cough, and gave to the case all the characteristics of catarrhus suffocativus.

In a few instances the influenza was unattended with fever; but in the greater number of cases the skin was hot, occasionally dry, but more frequently moist; the pulse was frequent, developed and rebounding; the action of the heart being strong and energetic. The fever continued from two to five days; it rarely lasted beyond the latter period; when it shows itself after the fifth day, we should suspect an inflammation of the bronchii or some other portion of the respiratory apparatus. In some patients a singular tendency to lypothemia and syncope was observed. The perspiration was in some cases very abundant; it commenced with the fever, continued during its presence, and persisted after its cessation. The abundance of the perspiration recalled to our memories the *sweating sickness*. Sometimes the surface presented only a simple moisture; in a certain number of cases a very copious

discharge from the skin occurred about the second or third day, at the period when the febrile excitement ceased. The perspiration was occasionally accompanied with a miliary eruption.

We may distinguish in the course of the influenza three periods. The first, which is seldom wanting, is characterized by cough, pain in the throat, cephalalgia, and contusive pains in the limbs. Cough and pain in the throat, of themselves, do not constitute a real case of the disease; there must exist at the same time the several nervous symptoms already referred to. In difficult cases, nervous, thoraric or abdominal symptoms may predominate. The duration of the first period is from one to two days; when it is wanting the disease commences with the second or febrile period. This is characterized by fever, accompanied with most of the symptoms which we have described as its concomitants. This period succeeds often in an insensible manner to the former, but more generally it occurs suddenly, either subsequent to, or without being preceded by the first. The cephalalgia augments as well as the debility and prostration; some patients are struck down, as it were, by lightning, either while walking or attending to their usual occupations. This period continues for about the same period as the fever of measles or scarlatina.

The third period, called apyretic, is distinguished by the cessation of fever, but generally certain of the morbid phenomena of the proceeding periods persist; these phenomena have especial reference to the functions of the central thoracic and abdominal organs. Thus we have pain of the head, and depression; and a cough, which continues, in general, for a considerable period. Although in the preceding stages the stomach presented no indications of disease, we find not frequently that its functions are disordered. The tongue is covered with a thick coating; the mouth is pasty and bitter; the thirst is considerable. If the patients partake of food, it appears to them to have a disagreeable taste; after its ingestion the stomach swells and becomes the seat of a disagreeable sense of weight; with these symptoms constipation of the bowels is usually conjoined. The duration of the third period is very variable; it sometimes terminates at the end of two or three days, at others it continues for a longer or shorter period.

In Paris, during the epidemic of the present spring, the influenza terminated favorably in the great majority of cases. Where death occurred, it was the result of complications, such as pneumonia, general bronchitis, &c. It was, however, a very serious disease when it attacked those laboring under chronic inflammation of the chest.

Dissection has not discovered in the bodies of those who died of the disease, other lesions than those referable to the disease with which the influenza was complicated.

M. Andral does not consider the influenza to be either a laryngitis, tracheitis, or pulmonary catarrh; either of these affections may occur in patients laboring under the disease, and constitute one of the principal elements of the disease, but they do not constitute of themselves the influenza. This is a general disease, the nature and course of which, as in most of the epidemic affections which occur at variable intervals, are both unknown.

The treatment will vary according to the symptoms. When indica-

tions of cerebral congestion, with more or less febrile excitement present themselves, we should not hesitate to open a vein, and at the same time apply revulsives to the extremities. If the fever is moderate, the pain in the head inconsiderable, and the oppression slight, rest and dilutent drinks will be sufficient. If the mouth is pasty or bitter, the tongue foul, and more or less aversion from food is present, with a sensation of weight at the epigastrium, emetics 18 to 24 grains ipecac. or two of tartar emetic may be given with great advantage. If the cough is dry, painful and fatiguing, narcotics, as belladona and opium, should be prescribed.

If in the second period any particular symptom manifests itself, we should insist upon an attention to regimen, and the use of mucilaginous drinks. In the third period, if the symptoms of stomachic or intestinal disorder predominate, vomits, or still better, purgatives will succeed in removing it. During convalescence, it has been found necessary to restore tone to the stomach by the use of bitters and tonics.

Ibid.

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3. *Debate in the Academy of Medicine of France relative to the Influenza.* February 14, 1837.—M. Lepelletier de la Sarthe, having charge of the *Bureau Central*, and supplying the place of one of the physicians of the *Hotel-Dieu*, who is sick, has had an opportunity of treating a large number of patients afflicted with the epidemic: the number in twenty days amounted to 1050. Besides its occult cause, the epidemic principle, M. L. recognises also as causes of the influenza, atmospherical variations, and particularly cold combined with moisture. He conceives the disease to depend essentially upon an inflammation of the bronchial mucous membrane, but distinguished by a certain nervous affection—constituting a spasmodic bronchitis. The disease may assume various forms, but it is easy to discover in all cases the same leading concourse of symptoms. Of itself, the influenza is always a benign disease; when more serious symptoms develope themselves, these are referable to some complication. In two hundred cases of influenza, M. L. observed twenty-five of pneumonia, two of pleurisy, three of gastro-entaritis, two of acute rheumatism, and two of parotiditis. He has seen a phthisical patient suffocated upon the attack of spasmodic bronchitis, and die asphyxiated—the same has occurred in many old persons laboring under catarrh. The influenza may assume a very serious character in apoplectic subjects, which is explained as well from the cerebral congestion caused by the cough as from the prescription, as it were, of blood-letting in this disease. The complication the most frequently fatal is pneumonia or pleurisy, more especially as blood-letting, although strongly indicated, in such cases, has not the same advantageous effects as under other circumstances. M. L. has found the use of emetic tartar, in large doses with bleeding, to be the most efficacious treatment in such cases. He has also found advantage to result in old persons affected with catarrh from the employment of the white oxyde of antimony. M. L. was struck with the tolerance exhibited for the tartar emetic; of eighteen patients to whom it was given in large doses, two only vomited.

M. Louyer Villermay also regards the influenza as a slight disease. He does not join in the opposition which some physicians evince to the use of blood-letting, from which he has obtained great advantage whenever the pulse was full and developed, and the respiration oppressed, &c. The disease was in that manner cured in three days; the blood presented a firm coagulum, and often a thick buffy coat.

M. Recamier referred to the epidemic of 1803, which was very fatal. The course of the disease was then most frequently by a cutaneous inflammation. M. R. regards the influenza as an affection of the nature of the eruptive fevers. This opinion is not founded merely upon the phenomena of the epidemic of 1803, but upon the concourse of symptoms which are analagous to the two classes of disease. The catarrh common to influenza is in effect the *cattarrhe tupiculeux* of scarlatina; and if in 1837 the cutaneous eruption was not general, very often an erysipelatous redness was observed, and pustules of the lips were invariably present. Finally, it is known that in the eruptive fevers, the eruption does not always occur, but that the *nature* of the disease is not in consequence changed. The eruption, besides, may take place in the interior; this was the case in 1803, when the digestive mucous membrane, as well as the exterior of the body, was the seat of the eruption. The internal eruption had all the characteristics of the lesion so well described by Rœderer and Wagler. Whenever an epidemic prevails with any degree of severity, it always leaves after it indelible traces; thus since the epidemic of 1803, M. R. has seen an increase of the intestinal eruptions. M. Recamier distinguishes in the phenomena of influenza the leading forms: in the first, the inflammatory form, the persons affected are generally strong and robust, with a hard resisting pulse, there is acute pain of the head, difficult respiration, and the base of the chest being, as it were, bound with a cord. In this form bleeding is loudly demanded. M. R. has repeated it from four to six times, and he has seen the blood become more and more coagulable in proportion as the bleedings were repeated, a character different from what is observed in pleurisy and pneumonia, and which seems peculiar to influenza. In the second form, the bilious, there is a bitter taste in the mouth, the tongue is white, pasty, and covered with a mucous coating; the pulse has neither form nor resistance; the disease principally affects the digestive organs. Here emetics are indicated and their effects are immediate. M. R. has seen all the symptoms disappear in twenty-four hours under this treatment. Purgatives are much less efficacious, which is easily understood, inasmuch as the emetic, besides the evacuation it produces, causes also diaphoresis, which is the genuine crisis of the disorder. The third form of influenza M. R. terms the nervous. There is here extreme nervous excitement, loss of sleep, transient pains of the limbs and trunk, the pulse is small and depressed, and the prostration of the patient considerable. In such cases bleeding is positively forbidden. M. R. has seen it under such circumstances increase the intensity of pneumonia. Under this form the influenza is a very grave disease; the patients often sink before any means can be employed to excite reaction. What M. R. has found most successful in such cases is the use of baths.

M. Piorry recognises different phases in the epidemic. He has observed the pulmonary inflammation to extend deeper and deeper, confined at first to the first divisions of the bronchii, it has subsequently reached its final ramifications, which is the grade of the disease now prevailing. M. P. has used, without success, the tart. ant. in large doses, in the pneumonia accompanying the influenza, especially in old persons. He has not been more successful in the use of blood-letting, even when repeated at short intervals.

M. Bouillaud, without denying a special epidemic cause giving rise to influenza, discovers in the atmospheric constitution a sufficient explanation of its production and propagation. He does not deny but that the epidemical diseases in general stamp upon all intercurrent diseases their own peculiar characteristics; nevertheless, he believes that this proposition has been exaggerated. He has not as yet collected a sufficient number of facts to be able to pronounce with certainty upon the particular character ascribed to the pneumonia accompanying the influenza, but perhaps sufficient to show that repeated bleedings have not the same beneficial effect as in common pneumonia. M. B. cited especially the case of a physician 68 years old, in whom bleeding repeated at short intervals quickly cured a pneumonia of a most serious character. M. B. observed that since the invasion of the epidemic more patients had died under his care than there had during the preceding eight months.—*Ibid.*

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4. *Influenza in France.*—We derive the following remarks on this subject from the *Gazette Medicale de Paris*, of February 18th, 1837. "All our practitioners have remarked, that during the last ten days, the epidemic has deviated from its original character, either in consequence of an increase in its intensity or the occurrence of concomitant diseases. Thus, instead of a slight bronchial catarrh presenting the same concourse of symptoms in all the individuals attacked, we now observe both the original form of the disease, but accompanied by pneumonia of a general character of much greater intensity, and pneumonia of a very severe and invidious grade, accompanied with a tendency to prostration, while in other cases the pneumonia of the disease indicate especially disturbance of the digestive organs, or of the nervous system, with a morbid condition more or less alarming, of the whole organism. In place of terminating in a few days with the aid of simple remedies, the disease now requires prompt and active treatment. Bleeding, purgatives, emetics, large doses of tartarized antimony fail often in preventing a fatal termination. The mortality of the disease is, in fact, much more considerable than formerly. M. Bouillaud has lost during the last eight days in his clinical practice, a greater number of patients affected with it than during the preceding eight months.

Are the few pathological forms under which the influenza now presents itself, to be considered as independent diseases, as many members of the Academy believe them to be, or should we attribute the increase in its mortality within the last few days to its being complicated with other more serious affections? This is a very important question, upon the proper solution of which will depend, in a great measure, the plan

of treatment it is proper to pursue. We believe with M. Recamier and many other distinguished physicians, that the increased mortality among the sick is caused by the epidemic alone; and this opinion rests upon the following leading considerations:

Almost all physicians have observed that the influenza manifests itself at first by a concourse of general symptoms which affect the respiratory operation only. Secondarily. The occurrence, in the greater number of instances, of the bronchial form of the disease, has led many to suppose that the pneumonic form was a different or complicated disease. This error results from the supposition recently entertained by some pathologists, that diseases differ decidedly from each other according as they are seated in different parts of the same apparatus. M. Recamier very properly considers the reigning disease to be an eruptive fever, the pneumonia and anatomical results of which may occupy any portion of the skin, the presence of the disease not being evidenced merely, however, by its exterior manifestations. An epidemic is a general morbific cause of a specific character, which affects an entire population, and which, when once introduced into the organism, gives rise to symptomatic phenomena variable in character, but referable to one and the same cause. It is the same in relation to an epidemic cause of disease as it is in relation to any specific cause of disease, as scrofula and rheumatism, and particularly morbific causes of a more material nature, as the emanations of lead. Should we consider all the pathological manifestations dependent upon these morbific causes as independent diseases, because they present themselves under different forms or attended with different anatomical symptoms?

It has been already remarked, that this question has a powerful influence upon the treatment of the epidemic. If the local phenomena it presents be in effect dependent upon one and the same morbific cause, it is important that they should all be submitted to a general plan of treatment, adapted to their nature, and modified only so far as individual indications may demand. Thus we find the influenza attended in different cases with an affection of the throat, of the bronchia, of the lungs, with gastro-enteritis, or with more general symptoms. In all these cases it is the same disease, or in other words, these different cases present various phenomenal or symptomatic indications of the same morbid condition, or of the effects of a similar cause; and the general treatment adapted to remove this cause should be the same in all, with such variations only as are necessary to fulfil secondary indications.

At the last session of the Academy, several distinguished practitioners detailed their experience in relation to the proper treatment of the epidemic. M. Lepelletier, of Mans, believed that he had observed blood-letting in place of being salutary, to have a tendency to sink the patients into a state of collapse; he gives the preference to large doses of emetic tartar in the most severe cases. To this treatment eighteen out of twenty cases of the pneumonic form of influenza yielded rapidly. He likewise observed, that in such cases tolerance of the emetic tartar was readily established. M. Recamier has had recourse to a mixed treatment, sometimes depletive, at others evacuent, and at others nar-

cotic, according as certain indications presented themselves, resulting from the difference of the morbid phenomena in different cases. MM. Louyer Villermay and Bouillaud appear to have derived advantage from blood-letting. They have not, however, presented results of their practice of so explicit and positive a character as either of the preceding gentlemen. M. Recamier has in fact declared that the cases of pneumonic influenza treated by blood-letting repeated on several successive days, but not repeated several times on the same day, have proved fatal.

When the symptoms of influenza are slight, it is well known that the patient readily recovers with very simple remedies, or even none; but when of a severe, aggravated character, or when the parenchyma of the lungs becomes affected it requires for its removal an active and well directed treatment. The advocates of bleeding have themselves remarked that this remedy does not appear during the prevalence of the epidemic, to produce the same good effects it does under ordinary circumstances. It is difficult to say precisely to what extent bleeding is either injurious or beneficial in influenza, or what are the remedies which should be preferred to it. When the disease is slight it will disappear under almost any treatment; but notwithstanding it may in no case terminate fatally, yet recovery may be more or less rapid and complete according as it is submitted to a treatment more or less judicious. In the commencement of the epidemic the disease was left pretty much to itself, but it being remarked, as it was supposed, that the patients thus treated remained generally in a state of more or less debility, with anorexia of longer or shorter continuance, purgatives were subsequently very generally employed, with the effect of dissipating these remnants of the disease. When administered twenty-four to thirty-six hours after the invasion of the malady, the disease was found to be shortened in its duration, to lose speedily its general symptoms, and to be prevented from changing into a serious affection. Of seventy or eighty patients treated in this manner, all recovered without any dangerous or consecutive symptom. Many of the patients in whom the disease was left to itself at its commencement, were observed to become affected with more serious symptoms, while those who were bled on the first attack did not recover, or very slowly."

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5. *Influenza in Belgium.*—According to M. Gouzee, the epidemic, as it occurred at Antwerp during the last winter, was of a much more serious character than that which prevailed in either 1831 or 1833. He remarks that the disease was not a simple pulmonary catarrh, modified by the epidemic constitution—it was not an inflammation of the bronchial mucous membrane, notwithstanding a cough was most generally one of the predominant symptoms. The cough when it existed, for it was occasionally absent, had in fact peculiar characters, not common to the cough of catarrh. It was small, superficial, if such an expression may be made use of, occurring without any effort, and fatiguing only by its continuance or the extreme irritability of the patient. It not unfrequently occurred in paroxysms, particularly towards

the evening or in the morning; being sometimes dry, and at others accompanied by an expectoration of mucous mixed with serum. Exploration of the chest exhibits no impediment to the free expansion of the lungs. If to the above character we add that the cough is almost instantaneously relieved, as M. G. has frequently observed, by the employment of sedatives,—recollecting that under any circumstances, it is to be viewed as a symptom of little importance, and that it is often entirely absent, we have a right to conclude that it does not depend upon an inflammation of the bronchial mucous membrane, the existence of which is evidenced by no other phenomena of the disease.

Certain symptoms, which occur very generally, such as coryza, pain at the upper part of the larynx, and hoarseness, seem to indicate that the cough may depend upon an irritation of the larynx; but the superficial and fugitive alteration with which those symptoms are connected, appears to M. G. to be merely accessary and not sufficient to explain the other predominant phenomena which give to influenza its peculiar character. These phenomena he believes to result from a disturbance of innervation, upon which, he is of opinion, the disease chiefly depends.

This disturbance of innervation are, he remarks, strikingly evinced by the phenomena of influenza. Pain of the head is constantly experienced in the commencement especially; it is then frequently confounded with a sense of fulness in the nostrils, extending to the eyes and ears; it is attended with vertigo, with a sort of pressure over the eyes, a singular sensibility of the integuments of the head, sleeplessness, and many times slight temporary delirium during the night. The patients are weak, suffer from an oppression of the chest, pains in the back, loins, and extremities; they are quickly exhausted, and liable even to attacks of complete syncope. To the foregoing symptoms, which are purely nervous, are added, in the commencement of the attack, symptoms of a more or less decided reaction. To these M. G. has frequently to present an exacerbation in the morning, and a remission towards evening. The face is red; the skin hot and moist; the pulse moderately frequent, and, as M. G. has always observed, remarkably soft. He has seen some patients who were young and robust, affected with a profuse epistaxis, which produced but little abatement of the disease. The symptoms of reaction disappear by the second or third day, but a sense of debility persists, which bears no relation to the slight degree and short duration of the proceeding symptom. The patients continue to be affected with a lightness of the head, a sense of fatigue, pain, sleeplessness, and return, for a longer or shorter time, of their slight cough, which causes in the thorax a peculiar sensation of fatigue.

The disturbances observed in the digestive organs, the same as those of the organs of respiration, are equally referable to a derangement of innervation. To anorexia and a distaste for animal substances is often joined distressing nausea, vomiting, a sensation of dryness in the mouth, and thirst, nevertheless, the tongue is expanded, moist, and covered only with a slight whitish coating. The pain of the throat, the difficulty of deglutition, have their seat in the larynx. M. G. has never found the tonsils swollen. Frequently a slight degree of redness exists

at the posterior part of the fauces. The bowels are variable—generally they are costive; but diarrhœa occurred in some cases towards the close of the epidemic.

Many patients complained of an acute pain at the epigastrium and in the hypochondria. We must be cautious not to take these pains for the indications of a gastritis. They are the simple result of the fatigue caused by the cough, which is the more sensibly felt according as the patient is the more weak and irritable; the pain ceases with the cough.

When first attacked with influenza, the patients seem to be threatened with a serious disease, nevertheless we need seldom hesitate to promise him a favorable issue. The patient is seized either suddenly, or after having for a few days experienced irregular chills or a more increased susceptibility to cold; but however alarming the symptoms are at the onset, they abate by the second or third day, leaving the patient merely affected with a slight cough, which now often becomes more dry; he remains in a state of feebleness, is easily fatigued, experiences vertigo and a painful sense of pressure over the eyes. But this condition of things has nothing in it to excite inquietude, if we except its remarkably long continuance.

In the commencement of the epidemic, the violence of cough and the phenomena of reaction induced M. G. to employ leeches, to the extent of ten or fifteen, applied beneath the clavicles, or of six to eight upon the larynx; but in no case did they cause an amelioration of the symptoms. The only cases in which venesection was resorted to, were those in which there occurred symptoms of bronchitis, pleuritis or pneumonia, and which generally terminated fatally. The treatment was generally confined to the administration of mild and tepid drinks, with confinement to bed in severe cases, pediluvia and diet, to which treatment the phenomena, the most serious in appearance, have promptly ceded. The patients who consented to remain in bed a few days, were much more promptly and certainly cured, than those who merely kept their chamber. M. G. has observed some relapses, these have not been so dangerous as has been asserted; the patients, however, were longer in acquiring their full strength.

The cough which frequently continues during convalescence, becomes a serious symptom in weak and delicate patients. M. G. has seen it, in nervous females, recur in paroxysms of many hours duration, of so violent and painful a character, that the breast appeared to be, as it were, torn, while the patients were sunk into a state of extreme exhaustion. Some large tea-spoonful of the syrup of lactucarium, properly prepared, taken as soon as the coughing commenced, have always speedily diminished its violence and caused it gradually to abate. M. G. has also employed in such cases, the powdered belladona, mixed with white sugar, in the dose of a grain, taken about the period when the cough is expected to return, without exceeding, however, two or three grains a day, and in many cases this has removed the cough as it were by enchantment. The water of the cherry laurel, the syrup of the white poppy, and opium, he has not found so efficacious. Strengthening aliments, and some degree of exercise, are very proper towards the termination of the disease.

Influenza is not a dangerous disease, excepting when complicated with acute affections of the chest; it may, however, cause diseases of a very prompt and serious nature to become developed in persons predisposed to affection of the chest. It was found to augment in a very decided degree, especially towards the close of the epidemic, the mortality in the Military Hospital and city of Anvers.

Very little disease prevailed during the whole of the year 1836, which was the case also previous to the occurrence of the cholera in 1832. The autumn had been very wet. The first cases of the influenza occurred at Antwerp, about the middle of January, 1837. Females, delicate and nervous persons, in easy circumstances, were the first attacked. The disease soon spread; by the commencement of February nearly the whole population was attacked. By the 15th to the 20th of the month, new cases became more and more rare, and about this period there took place a manifest decrease in the disease.

M. G. has seen the influenza in persons of all ages, excepting children under one year. The disease did not exhibit any degree of intensity when it occurred in infants, it was chiefly confined to a slight cough, coryza, running of the eyes, a fever of one day's continuance, and a few days of debility. He has seen it in adults, complicated with intense bronchitis, pleurisy, pneumonia, pericarditis, pulmonary emphysema, and irritation of the brain, with continued delirium; many of these cases terminated fatally.

A fact worthy of notice was remarked at the Military Hospital; that intermittent fever, previously of tolerable frequency, ceased to present itself during the continuance of the influenza.—*Bulletin Med. Belge.*, February, 1837.

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6. *Influenza at Copenhagen.*—From an account by Professor Otto, of Copenhagen, of the influenza as it appeared in that city, contained in the *Zeitschrift fur die gesammte Medicin*, for June, 1837, we extract the following particulars:

The disease made its appearance in Copenhagen about the middle of December, 1836. The epidemic occurred suddenly, and soon after its appearance, simultaneously in St. Petersburg, Stockholm, Berlin, &c. As in all former similar epidemics, it was preceded for a long period by damp and cloudy weather, which also continued during the whole time the disease prevailed: unlike the former epidemics, it commenced in the beginning of winter, while they generally occurred in spring. In December, 1835, which was likewise damp and cloudy, there prevailed an epidemic of measles. The influenza spread throughout the city with uncommon rapidity; one family after another became attacked with it in quick succession, not one of those to whom Dr. O. acted as physician escaped it. By the middle of January, 1837, when the epidemic was at its height, it was estimated that thirty thousand individuals were affected with it, though in all probability the number was even greater, as many did not apply for medical aid but followed their usual occupations. No condition, age or sex escaped its attack. Even those who were laboring under other diseases, and were confined to their chamber, or even to bed, were attacked. The epidemic

began to diminish towards the end of January; it continued to prevail, however, during the whole of February, and although cases occurred in the beginning of March, they presented less of the peculiar symptoms of influenza, and by the 28th of the month nothing but ordinary catarrh was obseved.

The disease was frequently ushered in by febrile symptoms, but as frequently without; almost always, however, by a very peculiar loss of strength. The most striking symptom at first was a violent dry cough, sometimes accompanied and at others unattended with a pain in the breast, and hoarseness. There was likewise a discharge from the nostrils, mostly thirst, loss of appetite and pain of the head. To these symptoms there succeeded, in most cases, all the ordinary phenomena of fever, though in many instances no febrile symptoms were present. There was generally some pain of the stomach, coated tongue, nausea, bitter taste in the mouth, &c. They who paid no attention to the first symptom of the epidemic, but went about and attended to their ousiness as usual, experienced in general an augmentation of the cough, defluxion from the nostrils, pain of the head, &c., with symptoms of fever, and were finally obliged to take to their beds; the disease in such lasted often for fourteen days, or even longer. If, on the contrary, on the appearance of the disease, the patient went to bed and took some gentle diaphoretic medicine, all the symptoms frequently disappeared within three or four days. Notwithstanding, however, in this manner the more severe symptoms were often removed or greatly diminished; in most cases the cough and expectoration continued for a long time, in some instances for four to six weeks; the convalescency from the disease was in general tedious, and attended with want of appetite, and especially an inexplicable sense of fulness. An imprudent exposure to cold or dampness during convalescency, gave rise to a relapse, with symptoms of great severity and danger.

The prognosis was almost always favorable. Of the disease under ordinary circumstances no one died; but in those who either were laboring previously under some disease of the chest, or were predisposed to such, or who while affected with influenza in consequence of exposure to cold were attacked with inflammation of the chest, the symptoms were often of a very severe character, and in some cases terminated in death. Old persons in general were in greater danger from the disease than the young, and especially when weakened by the long continued cough and expectoration to which it so frequently gave rise. In children the disease was milder and less dangerous generally than in adults.

The treatment required by the influenza was the same as that proper in catarrh. When attended by foulness of the prima viæ the muriate of ammonia was peculiarly advantageous. Bleeding was seldom demanded. Leeches were occasionally resorted to to remove pain of the side. For the long continued cough the Iceland moss was given in many cases, and the debility which remained so long after the disease called for the employment of strengthening remedies and nourishing diet.

Dr. Otto remarks, that the influenza, as it occurred in Copenhagen, appeared to him to exhibit a contagious character. D. F. C.

Ibid.

7. *On the Enlargement of the Spleen, after Agues and other Fevers.*—Before we discuss the question of the probable cause of those enlargements of the spleen, which are so often the consequence of intermittent fevers, it may be useful to glance at some of the most curious and best ascertained facts connected with the healthy anatomy of this viscus. To Professors Felici and Panizza of Pavia, the profession is indebted for an admirable monograph on this subject; wherein they have most indisputably demonstrated the analogy of the texture of the spleen, with that of erectile tissues in general, and especially of the corpora cavernosa of the penis and clitoris. The character of this texture may be exhibited, either by repeatedly washing a portion of the organ with pure water, until it is completely freed from all the blood which it contains; or by blowing air along the splenic vein, so as to distend the cells. The latter of these methods will be found to succeed better when the spleen is enlarged, than when it is, from any cause, contracted in its dimensions. In our brief examination of the anatomy, we shall commence from the exterior of the viscus and proceed inwardly. The outer envelope of the spleen is its serous or peritoneal coat; this adheres firmly to the subjacent fibrous tissue, the tunica propria, or proper investing capsule, which binds or confines the whole organ together in one mass, and from whose inner surface are sent off numerous prolongations, some of which dip between the different portions, or lobules, forming the septa, or partitions between these and others, by joining and rejoining with each other, give rise to the cellular, or recticular texture, which pervades the whole viscus. If the spleen be hypertrophied, the cells may be seen with the naked eye; but, in its natural state, the use of a magnifying glass is necessary to discover them.

The tunica propria and all its prolongations are evidently very contractile; for if we cut a fresh spleen into slices, the contraction of the septa causes all the contained fluid to ooze out, and the divided surface then exhibits a granulated appearance, similar to what we observe in a portion of lung, which is in the second stage of peripneumonia.

The arterial distribution of the spleen deserves particular notice. No sooner do the branches of the splenic artery enter the substance of the viscus, than they become so minutely subdivided, that they can no longer be traced. Assolant has proved, by a multitude of experiments, that, if one of the branches of the splenic artery be tied, the portion of the organ, on which the branch is distributed, is inevitably killed; and he infers therefore that there is but a very imperfect anastomosis between the blood vessels of the spleen. This is confirmed by the fact, that if air is blown into one of the arterial branches, it does not pass freely, if at all, into the others. The anatomy of the veins of the spleen is better understood. They commence by extremely minute twigs, which are continuous with those, of which the cellules are formed, and of which they appear to be the mere prolongations; several of these twigs uniting, give rise to larger branches, whose parietes are perforated with numerous apertures, large enough to admit a probe, and which communicate directly with the cellules. These apertures become smaller and less frequent, as the branches approach the large divisions

of the splenic vein, which are usually three or four in number, and which meet at the concave edge of the spleen, into one large trunk; this proceeds on to meet the vena portæ. The lymphatic vessels of the spleen are neither numerous, nor very conspicuous. They are discovered much more easily on its surface than within its texture. The nervous supplies are derived partly from the cœliac plexus, and partly from the par vagum.

Without entering upon the labyrinth of theories, as to the uses and functions of the spleen, we may be permitted to say, that it is, at least, probable from the analogy of its structure with that of the recognized erectile tissues, that there is some substance interposed between its vasa sanguifera, *inferentia, and efferentia:* unless we admit M. Andral's opinion, that "la rate n'est qu'un reseau veineux, où la forme celluleuse tend à remplacer la forme vasculaire." Whether, however, the spleen is to be considered as a mere diverticulum to the blood of the abdominal viscera, during certain states, or operations of the system; or whether it has not at the same time more elaborate duties to perform, (as for example being accessary to the formation of bile, or to the production of blood, either directly, or by generating a peculiar sort of lymph, which is afterwards conveyed by the absorbents into the thoraric duck) remains still a problem of most difficult solution. After these short preliminary remarks, we now approach the question, as to the probable cause of the enlargement of the spleen, which, it is well known, are very frequently induced by intermittent fevers.

Some pathologists have attributed these lesions to a merely passive or atonic accumulation and congestion of blood in the veins or cells of the viscus; and they have altogether excluded the idea of any active increase of vascular action. The cause, according to them, is therefore purely mechanical; the normal contractility of the veins, or cells, being supposed to be overcome by the excessive distention of their parietes.

But surely this mode of accounting for any change in the condition of a living organ is not very consistent with what we observe in other parts of the body. What viscus can be alternately overcharged with and drained of blood, without its vital energies being affected, or without some reaction being induced? And again, when we consider the variety of morbid degenerations, to which the spleen is subject, such as, induration, ossification, softening, conversion into a black pultaceous mass, the formation of genuine purulent matter, and the adhesion of its surfaces to the surrounding organs, surely we shall be forced to believe that some other morbid process, besides that of mere congestion of blood, may affect its substance. Moreover, if the engorgements of the spleen, which occur during the course of intermittent fevers, were owing altogether to an excessive accumulation of blood in the vena portæ, we might naturally expect, that some of the other viscera, whose veins terminate in the same trunk with those of the spleen, should be almost always similarly diseased at the same time. Occasionally, indeed, the liver, as well as the spleen, is found enlarged; but this is by no means of constant, nor indeed of very frequent occurrence. Morgagni was of opinion that the liver is oftener contracted than enlarged in such cases; and on the other hand, it is worthy of notice, that in the majority of

the examples of diseased liver, recorded and described in Andral's Clinique Medicale, no notice is taken of any co-existent lesions of the spleen; and that, out of the 187 cases mentioned in Lieutaud's Anatomie Medicale, twenty-three of them only were complicated with splenic alterations.

The very obvious inferences from these facts are sanctioned and confirmed by the physiological consideration, that, as the veins of the spleen are so much larger and more numerous than its arteries, it is not easy to understand, how a stasis of the blood, or a passive congestion can take place in them, unless there be some obstruction in the vena portæ, or vena cava, to the centripetal blood. Such a complication may occur, and does, we know, exist in cases of diseased heart; in which there is a most distressing tendency in almost every organ to a morbid accumulation of venous blood. Hence the source of the apoplexies, dropsies, dyspnœas, engorged livers, hæmorrhoids, &c., which are frequently observed in the progress of cardiac cases.

But, although these reasons may be considered satisfactory to shew that enlargements of the spleen do not depend upon a mere passive congestion of the venous blood in its texture, the question, what is the cause, or rationale of the afflux of the blood from the surface of the body, to the internal parts, and more especially to the spleen in agues! now presents itself to our consideration. Cullen's hypothesis is well known to most medical readers: the primary spasm of the peripheral vessels, the contraction of their diameters, and the consequent expulsion of part of their contents, &c., from the surface to the deeper organs are its leading features. The first movement in the morbid action is, according to Cullen, in the vessels of the skin, and the internal congestions are the necessary and almost mechanical effects of the blood being driven from the skin inwards. Dr. Fallot, the author of the present paper, assumes it to be more consistent with the operations of living bodies, that wherever a sudden alteration in the quantity of blood in any part or organ takes place, we may be satisfied that some change in the innervation of that part or organ has already preceded it; and that it is not the result of a merely mechanical afflux from one point to another. "*Ubi stimulus ibi affluxus,*" is a physiological maxim, to which there is no exception; and the converse of the proposition is equally true, that where the excitement is defective, there is the afflux of blood diminished.

If we observe what takes place during the re-action of an ague, we shall find that the feeling, or consciousness, to the patient at least, of the hot stage very distinctly precedes the full throbbing pulse, and warmth of the skin, which are the indications to others of its presence. Shall we then make an exception of the spleen, and consider it as nothing but an inert sponge, at one time soaked with blood, and at another time empty, according as other organs have an excess, or deficiency of the circulating fluid? And when all other erectile tissues are uniformly subject to the law that we have already announced, viz. that of being engorged only when they are stimulated, and of becoming flaccid, when the stimulation is diminished or withdrawn, why shall we apply other laws to the spleen, and suppose that it is excepted from

the vital action of similar parts? We infer, therefore, that if the spleen becomes congested and enlarged during an intermittent fever, this congestion and enlargement are the effects of an abnormal afflux of blood, occasioned by the pre-existence of an abnormal stimulation in the part. Observe the changes induced in a splenic tumor in the phases of an ague. Soft, and but little painful during the intermission, it becomes distended, hard, and sensitive during the cold stage; but, it is not, until the vascular re-action of the hot stage is fairly established, "quand les mouvemens d'expansion sont en pleine activité," that it attains its maximum of intumescence, resistance and tenderness. When the irritation is slight or temporary, the vascular excitement subsides, and is gradually dissipated entirely, the swelling being no longer appreciable. When it is more severe, or is persistant for a considerable time, the blood is forced into the areolæ, or minute cellules, which then become so gorged and over-distended, that their parietes take on an inflammatory action, and this state is succeeded by one of induration, or by the deposition of purulent matter. Under these circumstances the spleen, from its augmented bulk, is felt projecting below the edges of the false ribs, on the left side.

Supposing now, that the question which we have been considering, namely, whether the enlargements of the spleen after agues are generally the result of an active or a passive congestion of blood in its texture, to be decided according to the views explained above, another of almost equal difficulty immediately presents itself. This active congestion—is it idiopathic and independent of the affection of other viscera; or is it merely sympathetic, and consecutive on some irritation existing elsewhere?

On the one hand, it may be alleged, that the diseases of the spleen, (with the exception, perhaps, of the enlargement now under discussion,) are very rarely isolated, but are usually co-existent with lesions of other organs; and on the other hand, we must recollect that our ignorance of the healthy functions of this viscus precludes us from detecting its morbid deviations, unless these are accompanied by obvious and visible changes of structure. The subject, therefore, of splenic disease must be one full of uncertainty and difficulty. M. Broussais, in treating of the diseases of the liver, has rendered it probable that this important viscus is very seldom primarily or idiopathically affected, unless from an external injury. What is probable of the liver is much more so of its neighbor, the spleen. The frequent co-existence of splenic disease with diseases of the heart deserves the attention of morbid anatomists, and has not received that minute investigation, which the importance of the subject requires. Dr. Kreisig, of Dresden, who has written a good treatise on Die Krankheiten des Harzes, explains the connexion of splenic with cardiac disease, by reference to the obstruction offered to the free return of the blood in the venæ cavæ, and to the consequent congestion, which all the abdominal viscera must experience under such circumstances. This explanation, though satisfactory to a certain extent, cannot well apply to every case of diseased spleen. According to Kreisig himself, alterations of the spleen are

frequently co-existent with diseases of the left, as well as of the right, side of the heart; and Testa, and other Italian physicians allege that many cardiac affections are secondary to, and are apparently induced by, morbid states of the spleen; although this viscus may not have become increased in bulk, and cannot therefore be supposed to have excited any mechanically injurious effect on the free circulation of the blood through the heart and large vessels.

Baron Alibert has suggested in his Nosographie Naturelle, that this sympathy between the spleen and heart may be accounted for, by their nervous connexion, through the medium of the par vagum, which he thinks "partage avec le grand sympathique la faculté de produire des sympathies." Without denying the importance of this connexion, we cannot concede to it the exclusive influence, assigned to it by the Baron: else how comes it, that the liver and stomach, which derive part of their nervous supplies from the same source, viz. the nervi vagi, do not as frequently sympathise with diseases of the heart, as the spleen is known to do? Dr. Fallot is, therefore, induced to believe, that it is rather in consequence of it (the spleen) being an accessary or auxiliary instrument or agent of the circulation, and designed by nature to avert, and in some degree to compensate for the accidents that might ensue from any interruption of this vital function, (whether this arises from an excess, or from a defect of activity), that it is so intimately associated with the heart and lungs. This functional association, or sympathy, is not nearly so obvious and appreciable during health, as when either of these organs is involved in disease.

If the heart and lungs become, from any cause, oppressed with venous blood—let us remember that this state occurs during every cold stage of an ague—and in an obstinate case, how frequent must this oppression or congestion have taken place—the spleen must very speedily suffer, in consequence of the column of blood pressing back upon every part of the portal system; and where do you think, asks M. Fallot, "qu'elle doive retentir plutot que dans la rate, unie au cœur par des liens de syhergic pour l'accomplissement de la meme fonction?" Moreover, the great size of the splenic artery, and consequently the large quantity of blood constantly transmitted through it, must, of a necessity predispose the organ to be affected with various morbid states. It is a subject of great pathological interest, to ascertain, what is the relation, as to cause and effect, between enlargements of the spleen, and the very frequently simultaneous occurrence of alterations in the mass of the blood. It is certainly a fact, known to every experienced physician, than when the spleen has been diceased for any length of time, a dyscrasis of the circulating fluids is almost invariably induced. We cannot afford room, at the present time, to enter upon the discussion of this very curious theme: the mere suggestion of it must be sufficient.—*Bulletin Medical Belge.*

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It may be useful to subjoin a few comments on some of the statements in M. Fallot's paper, and more particularly upon the suggestion made at its close. It is not quite easy to determine, whether the dyscrasis of the circulating fluids is owing to the morbid state of the

spleen, or whether the converse of the proposition be true. However this may be, the constitutional symptoms usually associated with chronic enlargements of the spleen are these: general debility, paleness and a deficiency of red blood in the capillaries; the conjunctivæ are pale and bloodless, the scleroticæ are of a pearly blue color, and the complexion is waxen, as in chlorosis.* If the disease has existed for some time, the extremities are apt to be cold; and the skin is pale, dry, shrivelled, and often furfuraceous. Adults do not usually suffer so much from splenic enlargement, as children do. In younger subjects, it is very apt to induce quickly an incurable marasmus; whereas we not unfrequently observe that, with adults, it may exist for a length of time, without being attended with serious disturbance of the constitution. (Does not this difference seem to indicate that this viscus is probably more or less directly connected with the formation of the blood?) Patients affected with vascular engorgements of the spleen are very prone to foul sloughing ulcers, from slight wounds or bruises; and all restorative processes are observed to be very tardily and imperfectly performed. The blood of such patients is always more or less unhealthy; sometimes it coagulates only imperfectly, and no serum is separated: in other cases the cruor is black, soft, and does not assume a florid hue on the surface, from the contact of the air. In short, not a few of the attributes or symptoms of genuine scorbutus are found in many cases of enlarged spleen. There is a tendency to hæmorrhage from slight wounds, or ulcers; punctures and abrasions of skin are apt to ulcerate; the gums become gangrenous, the teeth fall out, and the alveoli become carious. Hæmoptysis and hæmatemesis are not unfrequent occurrences.

Besides the class of symptoms now alluded to, there are others which deserve to be noticed; such as the dyspnœa, (the blood seems to be imperfectly decarbonised,) and the tendency to panting and palpitation on any active exertion.

The functions of the stomach and bowels too are almost always disturbed; the food being not properly digested or assimilated, and the alvine evacuations irregular and unhealthy. There is moreover very generally a despondency and inactivity of all the mental powers.

In the advanced stage of the disease, dysentery or some form of dropsy usually supervenes.

The rapidity with which enlargements of the spleen sometimes occur after tropical fevers, and the enormous size which they may attain, are very striking.

It is very common not only to feel, but also to *see* it extending down on a level with the naval, and even lower. In extreme cases, we are told, the diseased spleen occupies more than half the abdominal cavity, extending to the right of the umbilicus and reaching into the left iliac region.

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*The late Dr. Twining, of Calcutta, has very justly remarked, that the constitutional disturbance which usually accompanies enlargements of the spleen, has many characters in common with chlorosis, scorbotus, and some forms of anæmia.—*Vid. Vol.* 1. *of his Clinical Illustrations of the Diseases of Bengal.*

With respect to the treatment of splenic enlargement, it is unnecessary to state that the removal of the patient from the climate, where he has acquired it, is in general by far the most efficacious remedy.

Should there be any feverishness of the system, moderate detraction of blood may be requisite, and the effects of this should be kept up by the exhibition of some active purges. When the enlargement is chronic and quite apyrexial, the use of purgatives, in union with bitters and with some form of steel, is by far the most successful treatment which can be adopted. Dr. Twining gives a formula for a compound, to which he gives the name of "spleen mixture," and which has been very successful in practice. It is thus:

℞. Pulv. jalapæ, pulv. rhei, pulv. calumbæ, pulv. zingiberis, potass. supertartratis, ää ʒj.
Ferri sulphatis, gr. x.
Tinct. sennæ, ʒiv.
Aquæ menth. sativæ, ʒx. Misce.

An ounce and a half of this may be given twice daily to an adult. Frictions over the affected side, and compression with a flannel roller, will be very generally useful at the same time.

Blisters are of very doubtful propriety. They are apt to be followed by troublesome ulcerations. The native practitioners of India have long been in the habit of employing acupuncturation in enlargements of the spleen. Dr. Twining, whom we have already quoted, remarks in reference to this remedy: "I have repeatedly punctured indolent and indurated spleen with long needles—2, 3, or 4, being introduced exactly two inches in depth—and in some instances certainly with beneficial effects."

Lastly, with respect to that panacea of some English practitioners in all visceral diseases, mercury, it deserves to be impressed on the attention of every physician, that there is not perhaps a more dangerous or destructive practice, than that of exhibiting mercurials in most splenic enlargements. The constitution of the majority of patients affected with this disease, seems to be unusually susceptible of the injurious effects of this mineral; and, therefore, as Dr. Abercrombie most justly remarks, "attempts to reduce enlargements of the spleen by mercury are generally followed by the worst consequences."—*Ed. Med. and Sur. Jour. Vol. 22.—Medico-Chirurgical Rev.*

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8. *The efficacy of Lobelia Inflata in Inflammations and Congestions of the Mucous Lining of the Bronchial Tubes.*

To Henry J. Johnson, Esq., Lecturer on Anatomy, in the school of Kinnerton St.

Dear Sir,—I perceive from the Journals that a disease called Epidemic Catarrh, or Influenza, is very fatal in London—that it is attended with inflammation of the mucous membrane of the bronchial tubes—bears depletion badly—and that the old and infirm are the greatest sufferers. The experience and observation of a number of years devoted to the practice of medicine, have led me to two important conclusions in regard to the principal diseases of the chest.

1st. That when the serous membranes of the chest are affected, tartar emetic and the lancet are worth all other remedies put together, and

those cases which will not bear the lancet, will bear tartar emetic in considerable doses.

2nd. That in those diseases affecting the mucous lining of the bronchial tubes, the lobelia inflata comes as near being a specific as tartar emetic, and the lancet in pneumonia and pleurisy. As a remedy for asthma, you are of course acquainted with the virtues of the lobelia inflata. The observation, that it holds a controlling power over inflammations of the mucous membrane of the lungs, has never, I believe, been announced to the medical world, and originated with myself. I always intended to make it known to the public. My notes of the efficacy of this remedy I left in the United States. If I had them, I could give you more definite and precise information in regard to the therapeutic properties of the lobelia in such affections. But I have thought that a bare enumeration of the principle, that lobelia inflata is almost a specific for inflammations and engorgements of the mucous membrane of the bronchi, and for spasmodic constriction of those tubes, might be attended with considerable benefit at the present crisis. I have very little doubt, that if the remedy be tested in your present epidemic, experience will establish the principle beyond cavil or dispute,—*that lobelia inflata is, for inflammations and congestion of the mucous coat of the bronchial tubes, precisely what the lancet and antimonials are for inflammations of the serous membranes of the thoraric viscera.* I have never found venesection, antimonials, or purgatives of much utility in severe catarrhal fevers. Used with moderation, the effects of such remedies are often equivocal, and in excess, always prejudicial. You have, no doubt, observed, that in violent catarrhal fevers, the mucous lining of the alimentary canal sympathizes with the inflammation of the mucous membrane of the lungs. Hurried respiration, red tongue, weak and frequent pulse occurring in catarrhal affections, especially in debilitated children and in old persons, always indicate considerable danger. This is precisely the pathological state of the system, which the lobelia inflata is so well calculated to remove. Its action is so prompt and self-evident, that there can be no mistake about its virtues. It is altogether a different medicine in this state of the system, from what it is when given to a person in health or differently affected. In the healthy state the lobelia is powerfully emetic, but in the inflamed, conjested, or spasmodic state of the bronchial tubes, it neither vomits, nor produces any sensible effect upon the great organs of secretion. It seems to spend its force in diminishing the anhelation, in lessening the frequency of the pulse, in allaying the general febrile commotion, and in restoring the balance of the circulation and excitability. Why it should do so, is as difficult to explain, as why opium is not a narcotic when it has pain or spasm to allay. I use a saturated tincture made of the leaves, stems, and inflated capsules of the plant. Dose—one or two teaspoonfuls every two or three hours, oftener, or not so often, according to the urgency of the symptoms. I mix it with about an equal quantity of the syrup of squills, or the oxymel. I have given to children, less than a year old, from 12 to 20 drops, withont producing vomiting. When the remedy vomits, it indicates that the dose is either too large, or the condition of the system is not applicable to its

employment. It produces its best effects when it creates no visible constitutional disturbance. When the anhelation comes on in paroxysms, a dose or two of quinine may be safely and advantageously used in the intermission, and the lobelia in the paroxysms.

Most respectfully, your obedient servant,

SAMUEL A. CARTWRIGHT, M. D.
Of Natchez, Mississippi.

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9. *On the Ciliary Motions in Man.* By C. T. VON SIEBOLD.—We derive this and the following articles from the British and Foreign Medical Review.

The author of this paper has continued the experiments of Purkinge and Valentin, and he has added some facts which he has himself noticed, respecting the existence of the vibrating cilia upon the mucous membranes in man. He found these cilia upon the whole surface of a nasal polypus, one hour after its removal from an adult. The length of these ciliæ was 0.0028 and 0.0022 of an English line. The motions of the cilia upon one polypus which was examined, were found to be quite regular in their rhythm: in some parts they moved backwards and forwards 300 times, in others 320 times, in others 190 times in a minute. The movements were always in the same direction; and, when once they ceased, were never resumed. By a very accurate examination, M. Siebold says, that he has ascertained, that each cilium curves its free extremity towards the part to which it moves, and that small globules of mucus, when in the vicinity of this oscillating body, are thus propelled in the same direction as the curve of the cilia. On condylomata at the entrance of the vagina no cilia could be discovered. They were also not found on the bronchial mucous membranes of those who had died of pneumonia, or of those who had suffered before death from a copious bronchial mucous secretion. In warm weather, also, it is useless to look in the human corpse for the cilia upon mucous membranes. M. Siebold has examined other membranes without finding any cilia; e. g. synovial membranes, sheaths of tendons, the internal surface of arteries and veins, that also of the vessels of the placenta, as well as serous membranes in animals, the mucous membrane of whose bronchial apparatus presented an abundance of cilia. M. Siebold recommends all those who are anxious to examine this phenomenon to first experiment upon bivalves, (Unio pictorum, Anodonta anatina, Cyclas cornea;) for in them the cilia are most evident and their motions most easily recognized, abounding as they do upon their gills, tentacula, intestinal canal, &c. Having once witnessed the structure in these animals, it will be readily ascertained in man and other animals.—*Medicinische Zeitung*, No. 28. 1836.—*Select Medical Library.*

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10. *On the Ciliary Motions in the Brain.* By M. PURKINGE.—It has at length occurred to me to discover cilia, and their motions, in all the cerebral cavities of mammalia. In the preceding summer, while examining the Chordæ Bergmannicæ, having observed, on slices of epithelium, a staucture similar to that of the ciliary membranes, I conjectured that it would be found to possess the same function. Accord-

ingly I made many investigations with the view of discovering this, but in vain, until the 28th of May of the present year, 1836, when I detected the ciliary motions, in the greatest activity, in the brain of the full-grown fœtus of a sheep, about thirty hours after death. The cilia were very distinct on all the walls of the cerebral cavities, and even where they were not in motion. I traced the motions, without difficulty, through the third ventricle, into the infundibulum, then through the aqueduct of Silvius into the fourth ventricle. Here there was no motion perceptible, but the cilia themselves were distinctly visible, although somewhat shorter than in the former situations. The cilia are proportionately long pointed, (not ragged, as in the bronchi,) and vibrate thong-shaped, (peitschenformig:) we can also distinguish a layer of granules, in which they are fixed, and which can be easily stripped off without destroying the continuity of the epithelium. I recently observed them in the brain of a sheep; and Dr. Valentin saw them in the full-grown fœtus of a sow; but they could not be detected in a much younger fœtus of the same animal, probably because the parts are too fine for our gross instruments. In these observations I could remark that the cilia in the ventricles of the brain were much more sensitive and easily destroyed than in any other structure. I could not detect them in the brain of a sparrow, nor in a carp, nor in a diseased human brain. Probably they are in all parts very transient, yet readily reducible; at least, this may be considered as made out in regard to the ovaria and mucous membrane of the nose.—*Muller's Archiv.* Nos. III. and IV. 1836.—*Ibid.*

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11. *On the Permanent Immoveable Bandage.* By Dr. Suetin.—Dr. Suetin has employed, for some time, a bandage constructed upon the same principles as those which Larrey and subsequently Deiffenbach recommend in certain cases of fracture, deformity, &c.; but he has introduced a modification which, from considerable experience, he is disposed to regard as an improvement; and he conceives that its application will be attended with benefit, in a much greater number of cases, than those in which it has hitherto been employed.

The chief advantages attending the use of the permanent immovable bandage, and which contrast it with those commonly employed, are, that when applied to a limb, it fits itself to all the inequalities of its surface, constitutes a compact covering, no one part of which can be moved without the simultaneous motion of the whole. Its action is not upon particular parts of the limb, but upon its whole circumference, and it is thus a splint in every direction. When applied, it fulfils a threefold indication: it maintains permanent coaptation; opposes constantly the action of forces which tend to disturb the relations of the reduced fracture; and effects all this, by a uniform, regular and methodic compression. These are advantages rarely to be obtained by the ordinary means, and they are such as render the bandage a valuable acquisition in many other cases, than in those of fractured limbs. And even in cases of compound fracture, where great suppuration is to be anticipated, the application of this bandage has appeared very much to limit the process of suppuration. In this observation Dr. Suetin agrees perfectly with Larrey.

Inflamed articulations, where rest is desired; diseased joints, where the object is to effect anchylosis in a favorable position, club-foot and analogous deformities of the limbs, and other obvious cases, indicate the application of this permanent bandage.

The material employed by Dr. Suetin, recommends itself by its cheapness, and with the facility with which it may at all times be obtained. The essential parts of the apparatus are a roller or many-tailed bandage, pasteboard splints, and a solution of starch in water of a thick mucilaginous consistence.

The general mode of its application, varying in some degree according to the parts to which it is applied, is as follows: Enclose the limb in the roller or bandage, and then smear its whole surface with the solution of starch. Over this again pass another roller and let an assistant spread the starch over each turn as it is made. When this has been done, apply the pasteboard splints, which must be cut and moistened so as accurately to correspond with the limb. Dr. Suetin recommends that the pasteboard should be torn instead of cut, as it has not then a sharp and irritating edge. When the posteboard is also smeared with starch, pass the bandage over the whole. Of course, in the application of this treatment to fractures of different kinds, the particular circumstances of such fractures, and the general principles of treatment will require certain modifications, which it is needless to specify.

Bulletin Med. Belge, No. 11. Nov. 1836.—*Ibid.*

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12. *Chronic Catarrh of the Bladder, treated by Injections.* By D. M. Devergie, Sen.—Dr. Devergie has recorded eight cases of chronic catarrh, some of long standing, which were cured by injecting balsam of copaiba into the bladder. Some of these cases had succeeded to an acute cystitis: in others the disease had gradually manifested itself and maintained throughout its chronic character. If stricture of the urethra exist, this requires to be remedied before employing injections. A moderate quantity of an emollient fluid must first be injected, to ascertain the capacity of the bladder, but not in sufficient quantity to irritate it. General means must be resorted to, to calm the inflammation and local pain, the general erethism, &c. Narcotics must next be added to the emollient injections; and these may be repeated three or four times daily. When the state of irritation of the bladder and neighboring parts is allayed, the copaiba should be injected. A dose of uniform strength is not suited to every taste. A drachm of balsam of copaiba to an ounce of barley-water is strong enough to commence with; the quantity of balsam may be increased according to its effects. The combination of narcotics with copaiba renders the latter less exciting. The balsamic injections may be allowed to remain in the bladder for a period of from ten to twenty minutes. The quantity of copaiba is to be gradually augmented; and it should not be injected more frequently than once daily, nor intermitted more than two days. The injection is to be continued until the muco-purulent secretion has quite ceased. It is necessary to guard against the occurrence of inflammation of the mucous membrane of the alimentary canal, and under such a circumstance to suspend the use of the balsamic injections.—*Gazette Medicale de Paris.—Ibid.*

13. *On Pessaries, and the Radical Cure of Prolapsus Vaginæ et Uteri.* By Prof. DIEFFENBACH.—This distinguished surgeon has long discontinued the use of pessaries in his own practice. To them he ascribes the occurrence of many diseases of the vagina and uterus, as well as of the neighboring parts; and although he admits that there may be cases in which their use is likely to be beneficial, he considers that such cases are comparatively very rare. He was led to adopt the mode of practice which he here recommends, by seeing the case of a woman, the subject of prolapsus of the vagina and uterus, in whom parts of the vagina sloughed, during its state of prolapse: the uterus and vagina were replaced whilst granulation was going on, and the result was a complete cure of the disease. The first case with which Dieffenbach met, after this, on which he was determined to imitate the natural process, was that of a woman with prolapsus of the uterus, which could be easily replaced, but as easily prolapsed, when it was not kept in by a sponge.

The operation was thus performed. The bladder and rectum were emptied; the uterus was made to prolapse, and a portion of about the size and shape of a hen's egg was removed from the left side of the vagina, the sharper end of which was directed backwards, the opposite end forwards, and came in contact with the nymphæ. The fold was then seized with a pair of forceps, the uterus being previously pressed somewhat backwards, to take off the tension of the vagina, and then dissected out with a slightly curved scalpel. The same process was repeated on the right side. The wound was cleansed, and at its hinder part two sutures were applied, the uterus was next replaced, and three other sutures were applied within the vagina. Had all the sutures been completed before the attempt was made to replace the uterus, it is possible that its reduction could not have been effected. Some little irritation followed, which ceased, however, on the removal of two of the sutures from either side. On the sixth day, all the sutures had separated.

Since the time at which Dieffenbach performed this operation, he has repeated it very often. He now employs a smaller number of sutures; usually only two, and never more than three. In many cases he uses no sutures at all, as the borders of the wound in the vagina mostly lie close in contact after the uterus had been replaced. The suture is required where there is great relaxation, and a want of irritability of the vaginal membrane; on the other hand, when the individual is robust and the vagina thick, it is better to dispense with sutures. When the surface of the vagina is mortified, it is necessary to fill it with charpie. Tepid mucilaginous injections should be used for some days, and after these, cold water. If, when cicatrixation is going on, there is no evident narrowing of the vagina, a compress of charpie smeared with a resinous ointment, and the repeated application of the lapis infernalis, should be employed.

Dieffenbach has often removed the fold from the vagina after having replaced the uterus, by drawing a portion of the former outwards, and cutting it off by a knife, with a sawing motion. This is a far easier

mode of operating, but great care is necessary not to injure the bladder or rectum, which may happen if the fold of the vagina, when tightly stretched by the forceps, should be cut off too near its base. Sutures are not employed in this case.

The position of the patient in the operation above described, should be the same as that for lithotomy. The state and relations of the rectum and bladder with the vagina and uterus should be ascertained, previous to the operation; of the former, by means of the finger, of the latter, by Desault's silver catheter. The catheter sometimes draws off a quantity of retained urine; the evacuation of the bladder being often rendered very difficult by the prolapse of the uterus.—*Medicinische Zeitung*, No. 31. 1836.—*Ibid.*

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14. *On the use of the Plug in cases of Placenta Prævia.* By Dr. Albert, of Wiesentheid.

Case.—A robust, plethoric woman, mother of seven children, was attacked with slight hemorrhages from the vagina, which recurred every three or four days, from the latter end of the eighth to the middle of the tenth month of her pregnancy, when the discharge became more profuse. The placenta was found centrally situated upon the os uteri, which was dilated to about the size of a shilling. Although she was not exhausted, yet, as her condition was not free from danger, Dr. A. prepared a plug of fine linen, which was oiled, and passed up the vagina against the os uteri; the vagina was also stuffed with charpie, and the whole secured by a proper bandage. The patient was desired to remain quiet in the supine posture, with her knees together, and she was left for some hours under the charge of a midwife, with proper instructions. After a considerable period, Dr. A. was again called; expulsive pains having come on, during which the plug produced much straining and tension. On removing it, the liquor amnii escaped, and a small quantity of blood in clots. The right edge of the placenta was detached, and hung down against the left side of the vagina. The os uteri was fully dilated, and the largest circumference of the head had passed through it. The child was expelled in about half an hour; the placenta followed immediately, and nothing occurred to disturb her getting up. The child was alive and active.

[We do not approve, says the British and Foreign Medical Review, from whose pages the above article is obtained, of the plug used by Dr. A., although sanctioned by Mr. Burns's authority. It is far inferior to the sponge plug, as recommended by Dr. Dewees. This is introduced and removed with far greater ease, and, being much softer, is retained in the vagina without inconvenience by the patient. Our objections to the linen plugs are illustrated in Dr. A's next case, where it is required to be altered twice before it could be retained by the patient.]—*Neu Zeitschrift fur Geburtskunde*, Vol. iv., Nos. 1 and 2. 1836.

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15. *Two cases of complete recovery from laceration of the posterior part of the Vagina and Cervex Uteri.* By J. Toogood, Esq., Surgeon to the Bridgewater Infirmary.—These cases are interesting, from

the rareness of recovery after such an accident. They are related with commendable brevity. In the first case there was "very extensive laceration of the posterior part of the vagina, which extended to the cervex uteri:" both Mr. T. and another surgeon, believing the case hopeless, "passed the hand freely through a large rent into the cavity of the abdomen, and felt the different viscera distinctly, and the abdominal aorta." Although given up, this woman gradually and rapidly recovered. Mr. T. is disposed to attribute the recovery to the great attention paid to the case, and to the *omission* of blood-letting on the accession of reaction with abdominal pain, &c. He was so satisfied that the loss of even a small quantity of blood, although attended perhaps with immediate relief, would in all probability have been fatal, that he "determined to trust to opium, cordials, nourishment, and perfect quiet;" and the result seemed to justify the treatment.

In the second case, there was also "a considerable laceration of the posterior part of the vagina, in which the cervix uteri was involved, and the intestines were lying in the vagina." The treatment is not given in detail, but it would appear that large opiates were the early remedies depended on. This patient also completely recovered.—*British Annals of Medicine*, Jan. 20, 1837.—*Ibid.*

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16. *Section of the Tendo Achillis.**—Dr. Cunier, one of the collaborators of the Bulletin Medical Belge, a distinguished physician to the Belgian army, having obtained permission from the government to travel into the south of France for the restoration of his health, profited by his stay at Montpellier to learn the doctrines of the faculty attached to its celebrated school. The following is from one of his communications to the journal in question.

This operation was performed for the first time in 1784, under the inspection of Thilenius,† a physician in the environs of Frankfort; it was subsequently performed by Sartorius,‡ and Michaelis.§ After them it fell into oblivion, until Delpech cured by the section of the tendo Achillis a club-foot *(pied equin)* which had resisted all the means made use of to restore it to its proper position. This eminent surgeon remarked, that in most cases of rupture of this tendon, it was impossible to bring the two extremities of the divided tendon into exact contact, but that the tendon did not take place less effectually by the interposition of a fibrous substance which becomes organised, and is sufficiently solid to prevent the exercise of the limb from suffering except from the elongation of the part; thence he deduced that what happened in cases of rupture would also take place in cases of section, and that the interposed fibrous substance would be susceptible of yielding to the efforts of extension—*(Chirurgie Clinique de Montpellier*, vol. i.). Performed according to these ideas, the section of the tendo Achillis was followed by the most satisfactory success; the young man on whom the operation was performed was known to all Montpellier; not only is

*Bulletin Medical Belge, Mai, 1837, p. 60.

†Thilenius Medicinische und Chirurgisch. Bemerkungen, Frankfort, 1789, p. 335.

‡Sartorius, in Siebold's Sammlung, vol. iii., p. 258.

§Michaelis, in Hufeland's Journal, vol. vi., 1811.

the deformity corrected, but he walks very well. Yet the sarcasms with which Delpeck was loaded caused him to abandon this operation. But his surgical notion was turned to account by some German surgeons who resumed it with energy: Chelius *(Traite de Chirurgie)* Radius *(Dict.)* *Zimmermann (der Klump-fuss*, etc.) recommend the section of the tendo Achillis, and sometimes also that of the tibialis anticus; in the posterior club-foot far advanced, and in adults, dividing the tendon, according to them, is the only means of remedying the deformity. Performed lastly by Stromeyer, Stoltz, and several others, the operation has performed a complete cure. The following is the mode employed by Stromeyer:—The patient being seated on a table, and presenting towards the surgeon the side on which the operation is to be performed; one assistant holds the knee, another bends the foot in such a manner as to have the tendon at full stretch, so as to facilitate the section. A very narrow pointed bistoury, curved so that the edge presents a convexity, is introduced flat three inches above the insertion of the tendon, between this and the tibia. The back part of the bistoury being then turned towards the bone, and the edge of the tennon, he cuts, with small saw-like movements, the tendon, which soon divides. He does not re-unite the extremities, but proceeds to restore the foot to its natural position.

Delpech's mode.—When this surgeon performed the operation, the patient was laid upon his belly, and the bistoury was introduced flat behind the tendo Achillis, so as to produce on each side a wound of an inch in breadth. The instrument having been withdrawn, he introduced into the wound a convex knife, whose edge was turned towards the tendon, which was divided without implicating the skin situated above it. The operation being ended, the two extremities of the tendon were approximated, and kept in contact by an appropriate apparatus. To this end two straps were strongly applied to the knee above and below the patella. to these straps two splints were fixed, as for fractures, which extended down to the level of the sole of the foot: to this was fixed the sole of a shoe, which, by means of some turns of a bandage, kept the foot in a proper position.

Suppuration, exfoliations, &c., which Delpech observed, led him to pronounce subsequently (*Orthomophie*, vol. ii., p. 330,) that a tendon to be cut ought not to be denuded as in the two large openings which he had made; that the section ought to be made in an oblique direction, and not by a parallel section of the skin: according to Chelius *(Trad. de Pigne*, vol. i., p. 480,) the skin should be opened on each side of the tendon. M. Bouvier has lately (12th Sept. 1836) proposed a new method to the Academy, consisting in the introduction, under the skin covering the tendon, of a kind of needle sharp on one side, by means of which it may be divided, either from without inwards, or from within outwards. This was fulfilling simply the indications of Delpech, whose mode, says M. Bouvier, *(Seance de l'Academie*, last 12th of Sept.) leaves something yet to be desired. This may be more correct as to the mode employed by Delpech, but not with respect to that which he recommends in his *Orthomorphie.*

M. Serre has just performed successfully the section of the tendo

Achillis in a case of club-foot. The state of the patient at his entrance into the Hospital of Montpellier is described in a thesis learnedly reasoned on, and ably defended, by M. P. Chollot, March 18th, 1837; I will quote the words of the author:—"There is at this period, in the wards of the Hotel-Dieu Saint Eloi, an individual who presents a well-marked club-foot. It is nearly three years since he received a cut with a sickle across the calf of the leg; the wound was long in cicatrising, and when this was accomplished, the patient experienced acute pains in the wounded region; then he observed the parts to increase in size; the pains were of a nature to indicate the formation of pus. In fact, after the expiration of some time, an abscess was obliged to be opened for him, and a considerable quantity of pus discharged from it; the wound was not long in being completely cicatrised. What was his surprise when, wishing to use his limb, he found this quite impossible! During the whole course of his disease he had kept, in order to avoid pain, his leg bent on his thigh, and the foot had not been kept extended. At the present time, the phalangian extremity of the metatarsal bones in the point of support in walking."—*P. Chollot, de Fontoy (Moselle), Du Pied-bot Posterieur, These*, No. 27.

M. Serre undertook the operation in the following manner. The patient being placed upon his belly, the tendon was laid hold of by two fingers of the left hand. A very narrow bistoury was introduced flat, in front of the tendon, as far as the skin of the opposite side, which he was cautious in not injuring. A narrower bistoury than the first, and probe-pointed, was then carried along the blade which had been first introduced; the latter was withdrawn after the probe-pointed bistoury had been turned so that the back was presented towards the bone and the edge towards the tendon; little saw-like motions were made by the instrument, and the complete section was soon apparent from the noise which it produced. A piece of pasteboard was placed upon the instep and kept there by means of some turns of a bandage, in order that the foot might rest in such a position as to keep the extremities of the tendon at the distance of about half an inch from each other. The wound resulting from the introduction of the instruments bled but little; united by means of adhesive plaster, it closed the next day. The eighth day after the operation, the organised fibrous substance was submitted to an extension carefully managed and increased gradually. The fortieth day has arrived; the foot is restored to its natural position; the intermediate organization is perfectly solidified, to the extent of two inches and a half, by which the limb was previously shortened. The operation is crowned by the most complete success. There has not been the slightest inflammation.

Professor Serre proposed at first to penetrate between the tendon and the skin, and thus to perform the section *from without inwards;* but an anatomical inspection of the part induced him to abandon his project. There is indeed a circumstance on which M. Bouvier had not thought, in advancing that the incision may be practiced in this manner; the external saphena vein and the nerve of the same name might easily be divided, and thus the endeavor to restore the foot to its natural position might be baffled. In performing the incision, M. Serre did

not in any wise expose the tendon to the air; he has been satisfied with this plan according to the recommendation of Delpech; the latter re-united the extremities; M. Stromeyer left them too far separated; in the present case the middle course has been adopted.

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17. *Medical Education in Berlin.*—In the "*Index Lectionum*,"—or index of the lectures for which we are indebted to a valued correspondent in England—we have a list of the different lectures* delivered in the University of Berlin, by the three sets of teachers, the *professores ordinarii*, the *professores extraordinarii*, and the *privatem docentes* or "private teachers," in the different faculties. This, to one unacquainted with the extent to which the business of teaching is divided and subdivided in the German universities, is absolutely astounding. The medical part of this index alone concerns us: from it we extract the manner in which the student may occupy his hours during the collegiate year. Four years must be spent by every candidate for a degree, and it is thought that in future five may be required.

LECTURES.

7 to 8 A. M.—Reich (P. E.†), special pathology and therapeia. Ascherson (P. D.) general and special surgery.

8 to 9.—Horn (P. O.) on the diagnosis and cure of syphilitic diseases; and on the special therapeia of acute and chronic diseases. Link (P. O.) on pharmacology. Schult (P. O.), on physiology. Wagner (P. O.), special pathology and therapia. Eck (P. E.), general and special physiology. Froriep (P. E.) surgical operations, aciurgia, and surgical anatomy. Kluge (P. E.) clinics of syphilitic diseases. Reich (P. E.) special pathology and therapia. Wolff (P. E.) clinical exercises. Isensee (P. D.), special pathology and therapia, alternately.

9 to 10.—Hecker (P. O.) special pathology and therapeia. Iüngken (P. O.), clinical ophthalmic exercises. Kluge (P. E.) clinics of syphilitic diseases. Osann (P. O.), on the aids to be afforded where life is suddenly endangered. Schlemm (P. O.), on splanchnology. Dieffenbach (P. E.), universal and special surgery. Froriep (P. E.), aciurgia and surgical anatomy, Kranichfeld (P. E.) medical methodology. Troschel (P. D.) general and special surgery.

10 to 11.—F. Hufeland (P. O.), semeiotics. Kluge (P. E.) general surgery; also, theoretical and practical part of obstetrics, and doctrine of fractures and luxations.

10 to 11½.—Rust (P. O.) clinical exercises.

11 to 12.—Bartels (P. O.) clinical medical exercises. Kluge (P. E.) elements of the art of obstetrics; also, general surgery; also, doctrine of fractures and luxations; also, the theoretical and practical parts of obstetrics.

12 to 1.—Bartels (P. O.), clinical medical exercises. Link (P, O.),

*Index Lectionum quæ auspiciis Regis augustissimi Friderici Guilelmi tertii in universitate litteraria Friderico Guilelma par semestre Hibernum a MDCCCXXXV. MDCCCXXXVI, a die xix. Octobris instituentur. Berolini. 4to, pp. 30.

†P. E. affixed to a name means Professor Extraordinarius; P. O., Professor Ordinarius; and P. D., Privatim Docens.

on cryptogamous plants. Rust (P. O.), general surgery. Schlemm (P. O.), articular ligaments and aponeuroses; also, osteology. Schultz (P. O.), officinal plants; also, materia medica, with the doctrine of medical formulæ. Casper (P. E.), forensic medicine. Barez (P. D.) clinical exercises on the diseases of children. Phœbus (P. D.), general anatomy and histology. Romberg (P. D.), diagnosis, with demonstrations on the sick; also, doctrine of nervous diseases. Troschel (P. D.), helcology; also, doctrine of diseases of the teeth.

12 to 1½.—Ehrenberg (P. E.), comparative physiology.

1 to 2, P. M.—Hecker (P. O.) medical encyclopædia and methodology. Horkel (P. O.) general physiology. C. Hufeland (P. O.), clinical exercises. F. Hufeland (P. O.) special therapeia. Osann (P. O.) polyclinics. Eck (P. E.) contagious diseases. Reich (P. E.) on the diseases of evolution. Trüstedt (P. E.), clinical medico-chirurgical exercises. Phœbus (P. D.), physical anthropology.

2 to 3.—C. F. Gräfe (P. O.), surgical and ophthalmic clinics. Müller (P. O.), anatomy of the human body in health. Casper (P. E.), first part of special pathology and therapia. Ideler (P. D.), diagnosis and cure of mental diseases.

3 to 4.—C. F. Gräfe (P. O.), universal aciurgia. Muller (P. O.), anatomy of the organs of sense. Wagner (P. O.), political medicine; also, forensic medicine. Casper (P. E.), first part of special pathology and therapeia; also, the other part. Isensee (P. D.), special pathology and therapeia.

3 to 4½.—Kranichfeld (P. E.), special therapeia of the eye.

4 to 5.—Busch (P. O.), obstetrical clinics. Bartels (P. O.), aphorisms of Hippocrates; also, pathology and therapeia. Hecker (P. O.), history of medicine. F. Hufeland (P. O.) general pathology. Iüngken (P. O.), diagnosis and cure of the diseases of the ear and eye. Wagner (P. O.), practical exercises on the institution of forensic medicine. E. A. Gräfe (P. D.) general and special surgery. Isensee (P. D.), on certain new remedies and methods of cure. Mitscherlich (P. D.), materia medica. Oppert (P. D.), doctrine of the diagnosis and cure of syphilitic diseases; also, general therapeia. Wilde (P. D.), obstetrics. Isensee (P. D.), special pathology and therapeia.

5 to 6.—Busch (P. O.), obstetrics; also, elements of the art of obstetrics. Bartels (P. O.), pathology and therapeia. Iüngken (P. O.), diagnosis and cure of diseases of the ear. Osann (P. O.), materia medica. Kranichfeld (P. E.), Hygiène. Ascherson (P. D.), art of bandaging. Dann (P. D.), special pathology and therapeia. Nicolai (P. D.) medical police, and the medical regulations of Prussia; also, general pathology, symptomatology, and 'exploration' of the sick.

6 to 7.—Busch (P. O.), obstetrics. Angelstein (P. D.), doctrine of operations on the eye; also, universal and special ophthalmiatrice. Isensee (P. D.), medical and forensic psychology.

7 to 8.—Dieffenbach (P. E.), surgical operations. Eck (P. E.), physiological part of the institutes of medicine. Angelstein (P. D.), practical course of operations on the eye. Dann (P. D.), diseases of the ear. Ideler (P. D.), clinics of diseases of the mind.

Some of the professors deliver also private courses; and, where they

appear to occupy two subjects in the same hour, it is not on the same days of the week. Some, too, of the lectures, it will be observed, occupy two hours.

Each candidate for graduation, besides being required to pass rigid examinations on the different branches of the healing art, held in the Latin lauguage, is compelled to compose and defend a Latin dissertation on some acceptable subject. These are generally of a superior order, in consequence of the thorough medical education, which four or five years of study is capable of effecting. To some Berlin dissertations before us, a short "vita," or biography, of the candidate is appended. We cite one from a dissertation—"De Dilatatione Ventriculi," defended in December, 1835,—as a specimen. It is a kind of history of the education of the author.

I, Walter John Fackeldey, born at Embrica, on the 8th of September, 1809,—my father's name F. Fackeldey, and my mother's Joanna, of the family of Van den Brock,—profess the catholic faith. My first rudiments of letters were acquired in my native town, under an evangelical pastor, Zur Nieden, a much prized preceptor; thence I went to the gymnasium at Cleves, which was under the directorship of the excellent Nagel, where I studied for four years. I then went to Munster, where my testimonial of fitness having been received by the director of the medico-chirurgical school—the estimable Bodde—I attended the following lectures:—*experimental physics*, by the celebrated Roling; *chemistry*, by the estimable Bodde; *anatomy and dissections*, by the distinguished Tourtual; *general pathology*, by the celebrated Busch; *zoology*, by the distinguished Beck; and *physiology*, by the celebrated Heindorf. At the expiration of the half year I entered the University of Giessen, and attended the following lectures:—*botany*, by the celebrated Wilbrand; *psychology and logic*, by the distinguished Koch. I then went to Bonn, and having taken out my inscriptions with the dean, I attended the following courses;—*general pathology, methodology; and encyclopædia*, by the celebrated Müller; *general therapeia*, by the distinguished Harless; *anatomy and dissections*, by the celebrated Meyer and Weber. In the year 1832, I went to Halle, and was admitted by the honorable Prorector Hefter, and the excellent Meckel, Dean of the Medical Faculty. My preceptors were the following distinguished individuals:—Germar, on *mineralogy and crystalography;* Friedlander, on *materia medica and the art of prescribing;* Gerlach, *psychology;* Krukenberg, *pothology and special therapeia;* Blasius, *luxations and fractures;* and Niemeyer, *theory of obstetrics.* I followed the clinical school of these illustrious men,—Krukenberg being physician, and Blasius surgeon-occulist. In the autumn of the year 1834, I went to Berlin, and was admitted into the university by the honorable Rector Steffens, and the distinguished Busch, Dean of the medical faculty. There I attended the following clinical lectures: the *obstetrical* of the distinguished Busch; the *therapeutical* of the distinguished Bartels and the celebrated Wolff; and the *opthalmiatric* of the distinguished Iüngken.

To all these individuals I shall ever owe affection and gratitude.

My desire is, that after I shall have passed my examinations *(tenta-*

minibus), philosophical, medical, and rigorous, before the honored medical faculty, and have publicly defended this dissertation, and my theses, to have the *summi honores*, in medicine and surgery, conferred on me.—p. 32.

The philosophical examination, to which allusion is made in the last sentence, is on chemistry, physics, zoology, botany, mineralogy, and philosophy, by a board consisting of members of the Faculty of Philosophy of the university. The *tentamen medicum* is an examination, conducted, both in writing and *viva voce*, before the dean; and the *examen rigorosum* takes place before the medical faculty, and is on all branches of medicine.

The "Theses," which the candidate has to defend publicly, and of which mention is made in the "*Vita*" of Dr. Fackeldey, embrace various topics. In his case they were as follows:—

1. The torsion of arteries should be abandoned.
2. Many diseases of the chest cannot be known without auscultation.
3. The asthma of Millar and the tussis convulsiva differ greatly from each other.
4. There are no specific remedies.
5. Hectic fever does not forbid amputation.

&c. &c.

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17. *The Medical Profession.*—There is much truth in the following pertinent observations from the pen—if we mistake not—of a distinguished lawyer, David Hoffman, Esq., of Baltimore. The whole work, in which they appear,* is well worthy of attentive perusal. It is evidently the production of one accustomed to observe accurately, and to reflect deeply.

"THE MEDICAL PROFESSION.

"We could easily say many very civil and truthful things of the doctors; but this would be, what the lawyers call, a '*departure*,' for it must have been perceived by our readers, that we have not been in pursuit of the virtues, but mainly of the follies, incommodities, vulgarities, and vices of men, manners, and things! What boots it, moreover, to tell a man, or class of men, of their amenities, their clevernesses, their virtues; have they not already sufficient vanity, and are they not apt enough to set their amiable qualities and goodly possessions in the highest possible relief? *Credo di si.* What, then, can now be said in brief words, and, of course, with strict adherence to truth, *against* many (not all) of the doctors? We opine, that they are sometimes too apt to make their calling a plea for an almost perpetual absense from church! They seldom say a kind word for each other! They are, of all critics, the most acrimonious in their reviews of each other's productions! They are instinct with the most inconvenient and refined etiquette, as to what they call professional deportment in respect to each other's patients! Their regard for rigid veracity sometimes suf-

*Miscellaneous Thoughts on Men, Manners, and Things. By Anthony Grumbler, of Grumbleton Hall, Esq., (with a motto.) 12mo, pp. 374. Baltimore, 1837.

fers insensibly, from an over-nice and ill-judged, but still, well-meaning assentation to the wishes of their patients, and in tenderness to the feelings of their relatives! They too often neglect small complaints, when they attain to a high and prosperous practice! They are too fussy and pretending, when not in full practice! When very popular they are sometimes very presumptuous! They are generally too grandiloquent, and too garrulous in the sick-room, loving the gossip of the town, and forgetting, as Menandes of old justly observed,

'A prating doctor is a new disease unto the sick.'

They read too little, after they have attained a goodly share of practice! They generally charge too little for their services, and sometimes *underbid* their professional brethren! They often pay too little attention to *dietetics*, and are apt to estimate too lightly the *veletudinary* state! They are too much given to systems and theories, failing to consider their science, as it certainly is, of all others, the most strictly *inductive!* They are not sufficiently posted up in the modern and current history of their science; or, what my Lord Bacon calls the *narrationes medicinales*, and to the neglect of which, in his time, he attributed the slow progress of physic! They practise too much upon the maxim of Bolingbroke, that whilst *plain truth* may influence half a score of men, *mystery* will lead millions by the nose! They seldom know how to cast off, even for an occasion, their professional identity—their 'exoteric trappings'—and cannot lay them aside, as the Lord Treasurer Burleigh used to cast off his cares of state, when he put off his outer garments, saying, as he laid down his gown, "Lie there, Lord Treasurer.' In fine, as a genus, as an order, as a species, as a variety, however strongly marked they may be with many very clever qualities of head and heart, they still are doctors!

"It hath been said, with perhaps more wit than justice, that all orders of men hate whatever tends to diminish the characteristic features of their profession. Hence it is supposed that lawyers adhere to the letter of the law, and hate equity; that divines undervalue morality, because so liable to be substituted for religion; that apothecaries hate quacks, because their medicines are panaceas; that physicians hate regimen when opposed to medicine; that the physician, surgeon and apothecary agree well enough when kept asunder, but that when they attempt (as did Master George Thompson, after the great plague of 1665) 'to make *unity* of that which was then a *trinity*,' they were all hissing at each other like so many serpents, and have continued so ever since, wherever the professions are thus united, or attempted to be; that the empirical practitioners hate the book-men, and they, in turn, detest the empirics, and so on. Certes it is, that there hath been, here and elsewhere, but little harmony among the sons of Esculapius, however denominated: and as little uniformity in practice, as well as in theory, as in any other science, art, or profession whatever. A certain Dr. Stevenson was for selecting, out of the whole materia medica, but eight officinals, and consigning all the rest to be poured into the streets! Dr. Morton, who introduced the use of bark, had to encounter a severe ordeal before he established its use. 'By this *short method*,' says he,

'of curing fevers, physicians lose opportunities of picking the pockets of their patients.' Lady Mary, when she introduced inoculation, encountered no little opposition. Jenner, also, when he struck out one of the foulest of diseases from the catalogue of human woes, was not without his enemies. James's powders, now near a century old, stemmed such a torrent of prejudice as had well nigh destroyed them and their inventor. Nay, if the history of medicine be looked into, it will be found that scarce any theory, any remedy, any prophylactic given to the world, was ever, in the first instance, fairly, and dispassionately examined by the profession; and this is so remarkably the case as to have induced Mr. Hobbs to say of Dr. Harvey, who discovered the circulation of the blood, that he was the 'only one that conquered *envy* in his life time, and saw his new doctrine established'—Herveius solus, quod sciam, doctrinam novam, superatâ invidiâ, vivens stabilivit. The quarrels, the abusive pamphlets, the severe criticisms, and hard speeches, that have marked the course of American physicians, during even our short and brilliant medical career, would fill many volumes; and whilst they are very creditable to the head, are far from being so to the heart. They sully the reputation and just weight of a highly useful and learned profession; and inculcate very prejudicial doubts in the minds of young physicians, at the very commencement of their studious career."

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18. *Statistics of Hospitals.*—The following facts relating to medical statistics are taken from the British Medical Almanack.

1. *Do Examinations after Death diminish the number of Applicants for Admission into Hospitals?* Most certainly they do not. The alarmists would fain terrify us with prognostications of loss of hospital patients, from the prevalence of dissections, or from the operations of the Anatomy Act. Benevolent and timid people are very apt to overrate the sensibilities of the poorer classes. No doubt their ignorance makes them liable to prejudice. But even prejudice yields to the operation of necessity, and the sense of interest. The poor may at first raise a clamor against dissection: but when their lives are at stake, when present comfort and medical attendance, with the possibility of future dissection, are balanced against distress and no medical relief, the decision is pretty surely in favor of the former. A small knowledge of human nature would lead us to anticipate this result. Experience, both on the Continent and in this country, has proved it. Indeed, the framers of our Anatomy Act might safely have taken a bolder step than they did, and the working of the bill would probably have been better than it actually is. Political considerations interfered, and still interfere, with the insertion of compulsory clauses in that Act. We say that experience has decided, that the knowledge on the part of the poor, that examinations after death are the rule of a hospital, does not diminish the number of applicants for admission into that institution. Perhaps there is no hospital, in London or out of it, where examinations after death are more constantly and more systematically pursued than they are in St. George's Hospital, Yet the number of applicants far exceeds the capability of accommodation for them, al-

though that hospital contains upwards of three hundred beds. In other hospitals the case is just the same.

"At a hospital in an agricultural district, the house surgeon for the time was allowed to examine every body—in six months eighteen or twenty bodies were carefully inspected, without asking permission from the friends; this had not been the custom before, yet the average number of in-patients increased that year to 100, the admissions to 1112; the average number of in-patients the year before had been 76, the total admissions 837. The connexion of a theatre for dissection with hospitals necessary excited more prejudice formerly, than the simple inspection of the body excites now; yet experience proved that this had no influence whatever in diminishing the number of applications for admission. Cheselden commenced courses of anatomy at St. Thomas's in 1711; in 1706 it contained 362 patients, in 1717 the number had increased to 420. For other reasons it is not desirable that theatres for dissection should be immediately connected with hospitals; but this circumstance has not at all been found to diminish the number of patients at St. Thomas's, Guy's, St. Bartholomew's, the London, or any other institution. The number of applicants for relief at a hospital depends on the *kind manner* and *reputed skill* of the officers; the poor have sagacity enough to discover that the person most zealous in investigating their diseases is best qualified to relieve their sufferings."

We may set it down as a certain fact, that neither systematic examinations after death, nor the connexion of a school of anatomy with any hospital, will in any degree curtail the amount of its patients.

A. *Numbers of Patients and of Deaths in the Hospitals of Great Britain.*—"Besides 182,847 seen at the dispensaries and as out-patients, more than 24,000 patients are treated, and 2,100 die within the walls of the London hospitals. According to the last printed reports, 30,000 are admitted, and 1780 die in the country hospitals; in the Scotch infirmaries about 6,900 are treated, and 670 die; in Ireland, it appears from official returns and Mr. Phelan's work, that 8126 are treated in the country infirmaries, 6855 in the hospitals of Dublin, and nearly 15,000 fever patients in the establishments destined for their reception. The cases of disease placed every year, in the public institutions of the country, under the observation of the medical officers, amount, therefore, to at least 90,000, 6,300 of which terminate fatally, and may be submitted to necroscopical investigation. At a moderate estimation, the dispensary and out-patients are four times as numerous. The sums expended in supporting the medical charities of the country are enormous: the value of the labor devoted in them to the treatment of the classes unable or able to pay for medical advice, can scarcely be calculated."

B. *Advantages of due Statistical Returns from Hospitals.*—It is unnecessary to dwell on the advantages that would accrue from accurate and well-digested statistical hospital reports. It is only by the combination of particular facts and of general results that much good can be done to medicine. The time has arrived when a general and a well-arranged system of hospital reporting must begin to attract serious attention. There are some suggestions in the work before us, which we will lay

before our readers, and particularly before the medical officers of hospitals.

c. Dr. Clifton, who published a work intitled the State of Physic, in 1732, proposed the following plan:

"*In order*, therefore, to procure this valuable collection, I humbly propose, first of all, that three or four persons should be employed in the hospitals (and that without anyways interfering with the gentlemen now concerned) to set down the cases of the patients there from day to day, *candidly* and *judiciously*, without any regard to private opinions or public systems, and at the year's end publish these facts just as they are, leaving every one to make the best use he can for himself. Would not some such method as this let us more into the nature of diseases in a few years than all the books of theories, or even the books of observations, hitherto published? Certainly it would: and yet if proper encouragement were given, it is not at all unlikely, but that persons enow would soon be found, every way qualified for such an undertaking. And even if good salaries were allowed them, and every thing made as easy and agreeable to them as they could desire, the benefit the public would receive from them would vastly more than balance the expense."

There is an objection to the publication of reports from a hospital in a separate form. Such a form of publication is attended with much trouble and some expense, and, after all, as it costs money, will not be very widely circulated. The best mode of rendering the facts that occur in hospitals generally available and useful to the profession, would be their regular and periodical publication in the Journals. We would suggest the combination of reports at short and at long intervals—in a weekly and in a quarterly journal. We should have no objection to open our pages to a well-conducted system of hospital-reporting. Sooner or later, some plan of the sort must be adopted.

The object, however, at the present moment is to agree on what is the best plan of *statistical* reporting. This is not so obvious as at first sight it might appear, and the Editor of the Almanack makes some observations, which are well worthy of attention.

"The first step in medical statistics, after having determined the mortality, is to ascertain the number of attacks of sickness, at different ages, to which a population is liable, and the numbers constantly ill. Hospitals throw no direct light on these questions, or on the absolute mortality and duration of cases. But hospital statistics may show the mortality and expected duration of different diseases at several stages of their progress, and the extent to which their mortality and duration are diminished by remedial means. To make the series of observations perfect, the cases should be traced from their origin to the termination; but patients only enter the hospital at a certain period of their complaint, on the 10th, the 20th, or the 30th day, &c.; and before this time, out of 1000 attacked, 500 perhaps have either recovered or died: you then can only have to deal at the hospitals with the remaining 500, whose history you may retrace, and then follow for a mean term of thirty, forty, or sixty days: when a certain number still remain ill, but the majority are discharged cured, relieved, or dead. Because hospital cases only come under notice after a certain time has elapsed, and are

not all followed to the end, it has been thought they afford little instruction. We have reason to entertain a different opinion: at the same time, let it be constantly borne in mind that the mortality is merely the mortality for certain periods of disease: from the twentieth to the fifty-sixth day, for instance—it is not the entire mortality of the class of cases. To represent this, all the deaths that occur after leaving the institutions, should be added; thus augmenting the mortality, which is however lowered, on the other hand, by another powerful cause. Admit that 1000 laborers are attacked by disease; all repair to the infirmaries, who remain ill, on an average, twenty days; but before that time, 280 have recovered, and twenty died: in the institutions 700 remain under treatment till the fifteenth day, and during this period fifty die, and 450 recover; 200 leave uncured, and of these, ten die. The mortality of the cases would be 8 per cent.; the mortality of the cases, while in the institution, was fifty in 700, or 7 per cent. It may happen that the mortality in the two instances coincides by a sort of mutual compensation between the excess of previous recoveries and the subsequent deaths. Nearly the same reason applies to the duration of cases."

It cannot be expected that the deaths which occur after dismissal from the institutions can be reported on. The day of the disease on admission—the occurrences whilst in hospital—and the day of discharge or of death, will probably constitute the main statistical facts that we can obtain.

D. It would be advantageous if the annual reports from all hospitals referred to the same period—from the 1st of January to the 31st of December. As it is, the reports of some hospitals start from Lady-day, or Midsummer, and thus accurate comparison with other hospitals is interfered with.

2. "*The numbers treated yearly is the mean of the numbers admitted and discharged.* The total number of in-patients in the year is generally published in this manner:

In-patients admitted from Jan. 1st, 1833, to Jan. 1st, 1834.

Remaining, Jan. 1st, 1833, - -	46
Admitted since, - - - - -	342
Total, - - -	388
Discharged cured, - - - -	200
Relieved, &c. &c. &c. - - -	142
Remaining Jan. 1st, 1834, - -	46
Total, - - -	388

In some reports it seems to be implied that 388 patients have actually been treated in the year. This is an error: you have already counted the forty six *once* in the Report of 1832; and of the 342 admitted, you will in the same way count forty-six a *second* time in the year 1834. The forty-six patients in the house at the beginning of the year have, on an average, remained half their time—for instance, twenty days; they will probably still remain twenty days; they may, therefore, be regarded as half-treated, the same as half the number fully

treated; add, then, 23 to 342, and you obtain 365; but forty-six remains at the end of the year only half-treated; and you have already counted them for fully treated among the 342, as a correction, therefore, deduct 23 from 365, and the original number 342 remains. 342 patients have been admitted, and 342 have been discharged in the year; this is, therefore, the number annually treated. The number treated may be deduced from the number admitted and remaining; or from the number discharged and remaining: and generally, when several years are taken together, and the size of the hospital remains the same, the number discharged or admitted, exclusive of the number remaining, represents the number treated, with sufficient accuracy."

3. *Exaggerations of Numbers of Patients.*—Hospital annalists are as anxious to multiply the number of their patients, as doctors are in *private* practice. Thus at some hospitals a patient is re-counted whenever he changes his condition from that of out-patient to that of in-patient, or the contrary—or he is obliged to take out a fresh ticket every two months, and is reckoned as a fresh patient, "an ingenious zootomical device," and well calculated to knock statistics on the head. All this is, in a scientific point of view, reprehensible.

4. Patients are reported as "cured, relieved, uncured, or dead." The term cured should be employed in a uniform and rigorous sense. It is suggested that another head should be generally added—"discharged for non-attendance," a discharge which should take place, if nothing is heard of the patient for a fortnight. These non-attending patients are very convenient to reporters, and serve for cured in a wholesale way.

5. "*The annual mean number of in-patients under treatment may be determined by counting the patients every day in the year at the same hour—for instance,* 12 *to* 1 *o'clock—and dividing the sum by* 365: the average number of dietaries, or of persons *sleeping* in the house, would furnish the same results. When patients are admitted and discharged on a particular day, the patients discharged should be counted, if the admission and discharge take place after dinner; the patients admitted, if before; both should never be reckoned. Approximation to the average number treated may be obtained, by adding together the number in the house on a fixed day of every week or month, and dividing the sum by fifty-two or twelve. The average number of patients under treatment is exaggerated by counting the *beds* actual or possible; by selecting the greatest number ever in the house; or by taking one day in the week, and counting, in addition to the patients then resident, all who *have been* in the house during the six preceding days. When the absentees are duly erased from the books, the average number of out-patients can be calculated in the same manner as the in-patients; the mean number that *attend* should also be ascertained. *None of the hospitals in the metropolis,* except the *London Hospital,* publish the average number of patients under treatment; but this essential statistical element is published by the Cambridge, Winchester, York, Gloucester, Exeter, Nottingham, Salisbury, Salop, Chester, Canterbury, Bedford, and Colchester Infirmaries. It is the main feature of a report, and alone controls the expenditure. It is either sup-

pressed from imperfect knowledge or inattention; to allow the extent of the institution to be exaggerated; or to prevent the inconveniences of a check on the financial operations of the persons who distribute the funds."

The editor proceeds to detail the results deducible from the present Reports:

6. "Dividing the total deaths by the number treated, (2) exhibits the mortality of the cases. Example: Canterbury Infirmary, 1826-35, in-patients treated, 4254; died, 198; and 198 divided by 4254 is .0465, or 4.65 per cent.

7. Dividing the yearly deaths by the average number under treatment gives the annual rate of mortality; dividing the result by 10 presents the rate of mortality in 36.5 days. Thus the deaths out of a given number, in a given time, can be compared at different institutions; the mortality of the sick may be compared with that of the total population: and, moreover, 36.5 days is an approximation to the mean duration of severe cases. Example—Canterbury Infirmary, 1826-35, the average number of patients under treatment was 54.6, the annual deaths 19.8; and 19.8 divided by 54.6 gives, for the annual rate of mortality, .363, or 36.3 per cent., and a mortality, in 36.5 days, of 3.63 per cent.

8. The average number under treatment (5) multiplied by $365\frac{1}{4}$, and divided by the total number treated, (2) presents the mean term of treatment in days. Example—the Canterbury observations as above. The average number under treatment, 54.6, multiplied by $365\frac{1}{4}$, is equal to 199, 426 days of treatment, which divided by 4254, the number treated, shows that the mean term of treatment was 47 days.

In the present hospital books, the age, sex, residence, and occupation are generally entered. The remarkable results presented by the mortality of attacks at different ages have been pointed out in other parts of this Almanack. The sexes and occupations, as well as the ages of the patients admitted, cured, and dying, should be inserted in the reports.

From the numbers *admitted* at each age,—for instance, 20—30, and 40—50; and enumerations of the numbers *under treatment* at the same intervals of age, it may be ascertained to what extent the term of treatment varies with the age of the patients. If for 100 treated in the year, between the ages of 20—30, ten remained constantly under treatment, and for 100 admitted between the ages 40—50 fifteen remained on an average, it would follow that the patients aged 20—30 remained $36\frac{1}{2}$ days, the patients aged 40—50 remained as long again, or 54 3-4 days. The ages of the patients admitted in quinquennial periods of life should therefore be published; and, in addition to this, the mean number at the same ages constantly under treatment deduced from twelve annual enumerations made on the first day of every month."

From a review of the preceding observations, it is obvious that the principal addition to reports of cases recommended by the Editor, is the stating with accuracy the duration of the disease—the number of days that the patient has been ill before admission—the number of days that he continues under treatment. Accuracy is above all things to

be desired—and next to accuracy comes method. It is clear that the time is arriving when the medical officers of hospitals will find their best interest, in rendering the facts which occur in those institutions as extensively useful as possible to the profession. System will enable them to offer those facts in the best form at the least trouble. It is on this account that we have made the preceding extracts from the useful little work which lies before us. Our readers know how much we have advocated the publication of statistical results—how unceasingly we have encouraged the study and the diffusion of facts both in the form of particulars and of generalizations. We would fain hope that our endeavors "to guide and to improve the public taste" have not been altogether useless, and that our influence, temperate and rational in its objects and its character, is more permanent and more beneficial than that of mere political brawlers.—*Med. Chir. Rev.*—*Select Med. Library.*

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19. *Use of the Solid Nitrate of Silver for the Gonorrhœa of Women.*—There is a very warm recommendation of the nitrate of silver, by Dr. Hannay, of Anderson's University, Glasgow, in the Medical Gazette.*

Gonorrhœa in women is generally said to be a very curable complaint. We cordially agree with Dr. Hannay in denying in toto that it is so. Nay, we will go farther than he does; for while he admits that it is "much more so than in men" we believe that, on the whole, it is less so. The acute symptoms are pretty readily removed, it is true; but a chronic discharge is generally set up, and when set up, is almost always obstinate.

The following is Dr. Hannay's mode of applying the caustic;—

"I introduce a stick of nitrate of silver into a quill, and tie a thread firmly round the lower part of the quill, to fasten the caustic, which I leave projecting beyond the quill about half an inch. I generally smear the quill with a little lard, and introduce the nitras argenti up to the os tincæ, or as far as it can be made to ascend in the vagina. I then deliberately and slowly withdraw it, turning it round so as to bring it in as extensive contact as possible with the lining membrane of the vagina. I may add, that by accident the nitrate of silver has more than once broken in the vagina, and could not be found. It caused me much alarm and anxiety at first, but after the following case I was not so affected; and though I would carefully avoid it, I now regard the occurrence as of very little importance.

The late Mr. John Herbertson, who acted as my assistant in the hospital, came in breathless haste, and in the utmost state of alarm, to call me to his assistance to extract a piece of the nitrate of silver from the vagina of a woman, who, having previously been in the hospital, and cured by the use of the remedy in question, came to Mr. H. to have it again applied. On repairing to the house we searched in vain for the caustic, but had abundant proofs that it had dissolved in the vagina. The quantity he asserted to be above two drachms. She suffered little or no pain, and a perfect cure was straightway accomplished."

It would appear that this has become a sort of party question in

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* Medical Gazette, May 6.

Glasgow. Some persons there have denounced the practice as barbarous and dangerous. On these Dr. Hannay, and some friends of his who correspond with him, are exceedingly severe; and all parties would appear to have been infected with the subject, and to be exceedingly *caustic* towards each other. To evince Dr. Hannay's confidence, it is only necessary to quote such a passage as this:—

"I fearlessly give it out as an infallible and safe remedy for this disease, without any one drawback but the vain fears of persons of no experience, or of such as are determined to oppose it. I have now employed it in above 300 cases with unvarying success, and shall continue to use it.—*Med. Chir. Rev.—Ibid.*

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20. *Case of Recovery from the insensibility of Intoxication, by the performance of Tracheotomy.* By S. Sampson, Esq., of the Salisbury Infirmary.

Case.—"Abraham Harris, aged 31, was brought to my house on the 31st of March last, in a state of complete insensibility from intoxication, the pupils being largely dilated, the breathing stertorous, and all voluntary motion having been lost for at least four hours before I saw him. The account given by those who came with him was, that he had attended a convivial meeting in the course of the day, at which he had drunk freely both of beer and brandy; his companions admitted that he had taken more than a pint of the latter, but it has since been ascertained that his glass was repeatedly filled up, without his knowledge, with white brandy, instead of water, so that it is impossible to calculate what quantity of spirit he had actually taken.

I immediately used the stomach pump, and drew off between three and four pints of fluid, a great part of which appeared to consist of brandy; after which tepid water with ipecacuanha diffused in it was several times injected into the stomach, and after a while withdrawn again, with a view to excite vomiting, and thus rouse the energies of the brain. Finding, however, that these means failed, a strong solution of salt in water, and afterwards the sulphate of zinc, were repeatedly tried, without any better result; but he became, if possible, more comatose, the countenance turgid, breathing more and more difficult; the pulse grew fainter, and was at last scarcely perceptible; at the same time the whole surface of the body was cold and clammy, and he was insensible to every kind of stimulus. As he was some miles from his home, I had him removed to the Infirmary, and called a consultation of the other medical attendants, who arrived in the course of half an hour; but as, in addition to the above symptoms, he had lost the power of swallowing, and every appearance indicated the rapid approach of death, nothing was ordered for him but a turpentine injection, there being no ground to justify a reasonable hope of recovery.

At this period it occurred to me, whilst standing by his bed-side, that the comatose state in which he lay might not arise from apoplexy, but from torpor of the brain, in consequence of that organ being supplied with blood not duly oxygenated; for the shrill tone and extreme difficulty of respiration showed the existence of collapse of the glottis, and imperfect transmission of air into the lungs, which might be accounted for by a paralyzed state of the eighth pair of nerves and recurrent branches.

With this view of the case I again appealed to my colleagues, and strongly urged that a trial should be given to the operation of tracheotomy; for I could not but hope that if mechanical respiration were carried on for a time, the blood might retain its proper stimulant properties, and restore the energies of the brain and nervous system. Upon their consenting to give him this chance, the operation was performed, without loss of time, by Mr. Andrews, under whose care, as surgeon for the week, the patient was now placed.

The trachea was no sooner opened than the distension of the veins about the head and neck subsided, the violent efforts of the extra-respiratory muscles ceased, and in about half an hour regular and easy respiration through the wound was completely established; at the same time the pupils became slightly sensible to the stimulus of light, and the pulse returned to the wrist. The immediate result of the operation being thus far satisfactory, nothing remained to be done but to give directions for the frequent removal of the mucus which appeared at the wound, and to keep the surfaces of the incision asunder until the integuments and muscular layers had become agglutinated to each other; this latter object was affected by means of a piece of strong spring wire, with a bow at each end of it, which, being introduced in a bent state, was allowed to expand, and the opening in the trachea was thus prevented from being covered by the muscles, even during the efforts of deglutition.

He continued perfectly quiet during the night, but had no return of consciousness until the following morning, when he gave us to understand, by signs, that he suffered from headache and soreness at the pit of the stomach; there was a tendency to sickness, and the tongue was coated with a peculiar whiteness, as if rubbed over with chalk. Moderate purgitives, followed by mild alkaline medicines, soon removed these symptoms, and a few leeches were applied to the throat, for the purpose of checking too high a degree of inflammation; after which no further treatment was required; but the wound being healed in about three weeks, he was discharged cured, and has continued up to this time in the enjoyment of perfect health."

We think there can be little doubt that the patient was dying of asphyxia, the result of the depressing influence of alcohol upon the brain and nerves. The opening made in the trachea facilitated respiration, by establishing an aperture, not muscular and regulated by nervous influence like the glotis. In such a case, were the symptoms still more urgent, and tracheotomy ineffectual, artificial respiration should, of course, be kept up. The effects of alcohol are transitory, and the view with which Mr. Sampson advised the operation is perfectly philosophical, and was, happily, successful.—*Ibid*,

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21. *Case of Recovery from the influence of Opium by Artificial Respiration.* By C. Irving Smith, Esq., of the Mary-le-bone Infirmary.

This case may be considered a valuable pendent to the one immediately preceding. It, too, is contained in the last volume of the Medico-Chirurgical Transactions.

Case.—Jane H., aged 25, a stout young woman, was admitted into the St. Mary-le-bone Infirmary, on the 20th of July, 1828.

"At six o'clock in the morning, she was observed by one who slept in the same room, to swallow something from a cup, the remains of which was opium. She shortly after became insensible. At 10 A. M. she was brought in. At this time her extremities were cold and livid; the lips and face of a dark lead colour, the pulse fluttering, and scarcely perceptible at the wrist. Respiring three or four times in a minute, with sighing.

The stomach pump was applied, and that organ was carefully washed out, first with water, then with dilute acetic acid; after which, small quantities of ammonia were injected, combined with brandy. The spasm of the œsophagus was so great, on attempting to introduce the tube of the stomach pump, as nearly to destroy it.

The patient was now (11 A. M.) evidently worse than at the time of her admission; so much so, that many doubted if she still lived. The hair was next entirely cut off from the whole head, and the head placed over the edge of the bed, several buckets of cold water were poured in rapid succession over it; the nostrils being at the same time stimulated with volatile alkali. The pulse now intermitted much at the wrist, at one time being 70 or 80 beats in the minute, and the next sinking as low as 7 or 8. Respiration had now nearly ceased.

The scalp was now rubbed with the liq. ammoniæ until the entire of it was vesicated.

11½ A. M., it was determined, as the only remaining chance, to try the effects of artificial respiration; there being at this time no pulse whatever at the wrist, and only a slight irregular action at the heart, indicative that life was not quite extinct.

The mouth and one nostril being closed, a pair of common bellows was applied to the other nostril, and the chest was in that way inflated, and alternately emptied by pressure on the chest and sides. This was continued for an hour, without intermission, at which time the heart seemed to be rallying, but if left to itself, it rapidly sunk again. An ounce of the ol. terebinth was injected into the rectum. Bottles of hot water were applied to the chest, and sinapisms to the feet and legs.

The same treatment was continued till 2 P. M., with only very slight intermission. She was at this time deemed so evidently rallying, that it was deemed safe to leave her.

She was again seen at 3 P. M., when she was found relapsing into her former state. Recourse was again immediately had to artificial respiration, which was continued till 5 P. M., at which time it was suspended, on account of the pulse having become regular, and her having made some slight attempts to move; and showing evidence of pain on being pinched.

At 12 P. M., she became slightly sensible, and swallowed a little tea. She became eventually well, and has since married.

It was curious to see the effects of artificial respiration in this case. The livid color of the face and extremities, rapidly giving way to a more florid hue, on every inflation, and again as rapidly returning to its original color, on being left for a few minutes."—*Med. Chir. Trans.*

II.—ANALYTICAL.

ART. I.—OBSERVATIONS AND EXPERIMENTS ON SOFTENING, EROSION, AND PERFORATION OF THE STOMACH. By Henry Imlach, M. D.

In a late number of the Edinburgh Medical and Surgical Journal, Dr. Imlach has presented the profession with a highly valuable paper on the above lesions, the most interesting portions of which we shall extract for the benefit of our readers, as the entire essay is too long for our Analytical department. It is well known that this interesting subject was first introduced to the notice of medical men by the great John Hunter, in a paper which he read to the Royal Society of London, in 1772. He supposed that the lesions in question resulted altogether from the action of the gastric juice upon the coats of the stomach after death, and he found, in several instances, that the influence of this fluid extended to some of the surrounding organs, such as the spleen, liver, diaphragm, and even the lungs. This theory of the proximate cause of softening, erosion, and perforation of the stomach has since been disputed by other writers, especially by the French and German, though, it is believed, by no means successfully. The paper of Dr. Imlach embraces not only an account of his own observations and experiments, the latter of which he performed conjointly with his friend Dr. Simpson, but a full analysis of the opinions of the principal writers on the subject, from the time of Mr. Hunter until the present moment. The author thus describes the anatomical characters of these singular lesions, and, as will be seen in a subsequent paragraph, his conclusions as to their proximate cause, fully coincide with those of John Hunter, Prof. Carswell, and other pathologists.

"In the first stage of softening, the villous coat is found thinner and paler than in the healthy state. Neither around the softening, nor underneath it, nor in the affected part itself, nor even in the portion of the mesentery corresponding to it, are there found any injected vessels,

to indicate pre-existing inflammation. When viewed through a magnifying glass, the villous membrane appears flaccid, its villous prominences are collapsed, pale, whitish, and yet seem to retain their proper texture, but on being rubbed in the slightest manner, even by the point of the finger, it is converted into a thick mucous-like pap. If in the softened part we follow out the branches of the blood-vessels situated under the villous coat, in many individuals we see them diminished where they run under the softened part, and less patent and less filled with blood than in the healthy state. No thick mucous fluid is to be observed adhering to the softened parts. When the softening is perfect the colour of the villous membrane is pale, or white, frequently approaching to a bluish, apparently either continuous, or in long and narrow vibices, or rather in spots irregularly rounded, and lying more or less close to each other. These bluish portions appear prominent both to the sight and to the touch, and at their termination the healthy parts are seen well marked. The affected places of the mucous membrane are pale, very thin and soft, and converted into a kind of clear mucus, pale and semi-transparent. This mucous substance forms a thinner stratum than the proper membrane in a state of health; so that one examining it carelessly would suppose that the mucous coat had been destroyed and the cellular tunic left bare. If the product of the softening process has disappeared, the continuity of the villous membrane is found dissolved, with smooth margins, as if cut, and in its base the subjacent cellular tissue is perceived pale, and without injected blood-vessels. In some cases a large portion of the villous membrane has disappeared; then indeed the solution of continuity is not accurately circumscribed; for the membrane is more and more thinned at the edges, which seem irregular, and as if cut obliquely. The substance being lost in many places at the same time, what remains of the villous coat appears so softened, as not to have more consistence than the mucus commonly found in the intestinal canal. But when the softening is of less extent, no trace of it usually remains in the circumference of the dissolved part, the margins of which are smooth, and as it were accurately cut. The muscular coat and the peritoneum covering it are often more or less softened and pale; and the process of softening continuing, the intestinal tube is at length perforated.

"My friend, Dr. Allen Thomson has beautifully delineated, in a colored drawing made by him from the body of a child that died without having exhibited any symptoms of gastric irritation, in the Hospital des Enfans Trouves, a stomach which presented the lesion just described. In some portions of it where the destruction is not so complete as it is in the great sac, there is a very striking appearance, as if the fibres of the viscus were separated from each other by a grelatinous mucus. This seems to me to be the result of imbibition of the fluids from the cavity of the stomach, and was probably neither more nor less than the first inroad of the gastric juice upon the dead textures. This appearance has been much insisted on by Cruveilhier, as indicative of morbid action: but the farther consideration of this must be deferred to a subsequent part of this paper.

It would be improper to omit mentioning, that in several instances,

as deliniated by Dr. Hope, and in most of the experiments of Dr. Carswell, there was a marked alteration in the color of the blood. "The blood vessels," says Dr. Carswell, "distributed on the softened parts, and also on every part where imbibition had occurred, no longer presented the red and blue ramifications, which are remarked in the healthy state, when they contain venous and arterial blood. They formed brownish, brownish-black, or almost pure black arborescences. In the great sac of the stomach, the brownish color was most common, while elsewhere, in proportion as an approach was made to the origin of these vessels, the color became deeper and deeper,—a circumstance evidently depending on the greater quantity of blood contained in the latter situations. In those parts, on the contrary, where the liquids could not come in contact with the vessels, or be conveyed to them by imbibition, the vessels preserved their natural color, and formed a very striking contrast by their redness with the deep tint of the others. The intercostal and diaphragmatic vessels where the great sac of the stomach rested on them, even though still covered by the peritoneum, presented the same coloration, which was confined exactly to the space covered by this portion of the stomach. The same state of the vessels was observed in the chest, in those places traversed by the liquids which had passed through the diaphragm. The form of the vessels was unaltered; and their parietes were even entire, where the coloration of the blood was complete. In this state the blood seemed less fluid than natural, but it had not separated into clots, or little striated stains, as is observed so frequently and so remarkably in man." In these facts every one must recognize the chemical action which it has been ascertained that all acids produce on the blood when mixed with that fluid.

It has generally been asserted that this lesion occurs most frequently in infants about the period of weaning, but the same appearances may be seen, with but trifling, if any variation, in adults of either sex. There are some slight differences in the accounts given by different authors of the symptoms of this so called disease, and, as nearly as I can understand them, the chief indicative signs, as they present themselves to view in children, may be enumerated as follows.

This disease is frequently preceded by premonitory symptoms, such as loss of appetite, peevishness, restlessness and want of sleep; the tongue is covered with a whitish or yellow fur, and a sour smell is perceived from the mouth, in the cavity of which aphthæ also frequently occur; constant diarrhœa comes on, in the progress of which the little patients become emaciated to a wonderful degree; the neck becomes wrinkled, and a dry and pituitous cough either has existed from the beginning or comes on at a later period. For the most part there is great thirst. The infants cry, or, their strength being much exhausted, lie on the back with the eyes fixed and half closed, their countenance being much disfigured, very pale and bloodless. The diarrhœa after a short time is often diminished, but soon returns with more violence; the skin of the hands and face becomes cold; the pulse irregular, small, scarcely to be counted; and the respiration quickened and short. The infants show no sign of pain upon gentle pressure of

the abdomen, but at length die wasted away, their powers being exhausted, quietly and without any convulsion.

In other cases the disease begins with fever; the thirst is insatiable, the pulse much accelerated, with frequent diarrhœa; there is restlessness and frequent screaming, which in a short time passes into continued crying. The legs are drawn up upon the abdomen, which is hard and tumid, and on the application of external pressure, screams and distortions of the face sufficiently indicate pains in the abdomen; the emaciation increases; the countenance becomes pale, frequently also flushed, and wears an expression quite peculiar to suffering. The sleep, which at best is but light, is much broken by continual moaning and screams. The diarrhœa at last remits, convulsion and distortion of the eyes come on; the extremities, though sometimes hot, become at length cold; the pulse is frequent, irregular, small, and scarcely perceptible; occasionally somewhat hard. Cough and mucous rhonchus come on, the breathing becomes difficult, short and stertorous, and at length stupor and death conclude the scene. Other symptoms are frequently present, which indicate in many cases an inflammatory affection of the chest, and in others hydrocephalus."

* * * * * *

"Besides the experiments on carniverous animals, and on the transference of the gastric juice to various organs formerly alluded to, the principal other experiments which I have seen Dr. Simpson perform, and in most of which I co-operated with him, are the following;—He procured the stomach of a pig, as being that of an omnivorous animal, and therefore most similar to that of man. The animal had been fed about an hour and a half previous to death, and the stomach was found to contain a considerable quantity of chyme. Portions of this matter, the acid character of which was indicated both by the change of color it effected on vegetable infusions, and by its smell, were introduced into different parts of the alimentary canal, such as the small intestine, cœcum, and colon, and these, along with the stomach itself, were kept in water about the temperature of 70 deg. Fahr. for between sixty and seventy hours. Upon examination after this lapse of time, there were no signs of putrefaction. It would indeed have been very singular had there been any, when we remember that the gastric juice is one of the most antiseptic fluids known, and the period of time since the death of the animal was not great. But although no putrefaction had occurred, we generally found the substance of the portions of great and small intestine much softened, somewhat darkened in color, and at particular places quite eroded, with numerous large perforations. The stomach itself was never found perforated, till it had been 90 or 100 hours under the action of the fluids contained in it,—a circumstance which may justly be attributed to the great thickness of the coats of this viscus in the sow. It was, however, generally observed to be much softened and discolored in its mucous coat some time before this period. This alteration of texture was sometimes limited by a distinct abrupt line which separated the natural from the dissolved parts. This seemed to occur in cases in which there was a considerable portion of air within the stomach, distending its cavity, and thus removing the superior

parts of it from contact with the contained matters. In other instances where the gaseous fluids were allowed to escape, or were not generated in any quantity, the solution of the stomach was more extended, and at its edges presented the fringed and torn appearance so generally described. The stomachs of three dogs, which had been killed with large doses of hydrocyanic acid, about an hour or a little more after having been well fed, were subjected to a similar degree of warmth and moisture, and in the course of fifty hours were found to have undergone solution and perforation in many places.

Dr. Simpson also ascertained that this same phenomena of softening and perforation frequently takes place in the rennet, that is to say, in the stomach of the calf (which contains portions of curdled milk and gastric juice,) that has been well salted and dried in order to preserve it for coagulating milk. It is a matter of very frequent occurrence to find numerous large perforations in this substance, if it had not been kept in a perfectly dry condition.

Dr. Carswell having stated (Cyclopædia of Practical Medicine) that the introduction of an alkali into the stomach under experiment, and the consequent neutralization of the gastric acid prevents the erosion that would otherwise take place, we introduced into several portions of intestine the gastric liquor, mixed with a large quantity of magnesia, and found, contrary to what the statement of Dr. Carswell led us to anticipate, that as numerous and as large perforations occurred in these as in the other and adjoining portions of the same intestine submitted to a comparative trial, and containing gastric matter without the admixture of any alkali. In these cases there was also a very remarkable blackening of the intestinal texture, so as to give it the appearance of having been stained with China Ink, the cause of which I am unable to conjecture, not having been able to learn what communicates a black colour to magnesia. It is consonant, however, with the experience of nurses, that, on mixing magnesia with warm water, a yellow or grayish color is produced. Gruel is also found to become blackened on the addition of magnesia. It is right to mention, that in all our experiments, the portions of intestine were inverted and washed to clear them from any foreign substance they might contain, before the chymous matter from the stomach was introduced into them.

From these experiments, which were repeated by us on various occasions, I, for my own part, am fully convinced of the truth of an opinion I have for some time entertained, viz. that though we never find healthy gastric juice *not* containing acids, yet we must not thence infer that these are by any means the sole, or even the principal agents in effecting the solution of alimentary matters, or chymification.

In the few attempts Dr. Simpson and I made upon cats and rabbits to repeat the experiments of Dr. Camerer, by cutting the *par vagum* in the neck, we have as yet been unsuccessful in procuring his results. My own opinion is, that it is impossible ever to succeed in this; but as yet we have not a sufficient number of negative facts to overthrow the assertions of this author.

Having now given an outline of the opinions of the authors on the

subject of this peculiar lesion, I beg to state the conclusion which I have formed from an attentive consideration of what has been written on it, as well as from the few original experiments I have detailed. I consider that the opinions of Mr. Hunter has been most amply proved to be correct by Dr. Carswell and others, including Dr. Gairdner and Mr. Cruveilheir themselves,—to wit, that the gastric juice is quite capable of producing, and frequently actually does produce, solution of the coats of the stomach after death, whatever designation we may give to this appearance, as pultaceous or gelatiniform ramollissement, mollestence of the stomach, gastromalacia, &c. This has been firmly established by numerous direct experiments on animals, whether carnivorous or herbivorous, and by the observation of a sufficient number of cases in man in which this state of the stomach has been found after sudden death from external violence while in the enjoyment of perfect health, and during the progress of natural digestion. The same cause, I think, has evidently operated in the other individuals in whom it occurred, who died from well-marked diseases of other organs; and we have the more reason for believing this, inasmuch as it has never been proved to have occurred where the stomach has been found empty at death, or where the examination of the body has been made a few hours merely after the termination of life; and all the authors who have taken notice of this circumstance, have particularly mentioned that the stomach contained some portion of alimentary matter or chyme. But we know that, independently of the presence of food, many irritating medicines will cause the secretion of the gastric juice; and every one knows that the readiest mode of procuring this fluid is by feeding an animal with pepper, or even with fragments of pebbles.

On the other hand, authors have failed entirely in establishing the existence of a peculiar morbid process causing perforation of the intestinal tube without ulceration; while yet no one would absolutely deny that there may exist some state of the viscus, rendering it a more easy prey to the action of the fluid it had itself formed. Again, we must remember that a more active condition of the gastric juice is by no means a proof of morbid action, for increase of power in a natural function in general only shows the higher perfection of the healthy state. Nor must we lose sight of the fact, that the peculiar train of symptoms, which we formerly enumerated, has been present in many individuals, in whom, after death, no such lesion of the stomach has been detected in any very appreciable degree.

Such, then, is the opinion I have endeavored to support,—one which is beginning to be the received opinion in Paris, and the same I have no doubt will soon be established as true. Thus M. Louis, in 1834, says in his "Examen de l'Examen de M. Broussais rélativement à la Phthisie et l'Affection Typhoide," (p. 15,) "I will not accept the congratulations which M. Broussais has addressed to me on the subject of ramollissement with thinning of the mucous membrane of the stomach, which I do not hesitate, says he, to explain by inflammation; for I have only said that this explanation seemed to me very admissible, without having considered it as being rigorously demonstrated. More lately, I have thought I could entertain new doubts rel-

ative to the justness of this interpretation. I have said, in fact, in my Recherches sur l'Affection Typhoide (i. 183,) that it seemed to me extremely probable, that, in a certain number of subjects, the lesion in question was not inflammatory, both because we do not find any evident traces of inflammation round the part which is softened, thinned, and pale; and because in these cases, the submucous cellular tissue participates in the alteration of the mucous membrane, and, though softened and thinned like it, is not inflamed in any part,—a circumstance which is quite contrary to what happens in the violent inflammation of the mucous membrane of the colon, for example, and that it is impossible to conceive according to the hypothesis that would make this lesion to be inflammatory. I shall add, that the memoir of Dr. Carswell is far from having strengthened me in the belief that the ramollissement which now occupies our consideration is the product of inflammation; that I ask for myself on the contrary, without being yet able to solve the problem rigorously, if the ramollissement of the stomach, and the perforation which is sometimes the consequence of it may not be in fact, as this honorable and talented physician has said, the product of a chemical action in the great majority of cases."*—*Edinburgh Med. and Surg. Journal.*

ART. II.—TYPHUS FEVER IN PHILADELPHIA IN 1836. By W. W. Gerhard, M. D.

In the American Journal for February, and August last, we have an account of an epidemic petechial Typhus fever, occurring the year before in Philadelphia, and chiefly at the Blockley Hospital, of which Dr. Gerhard is one of the physicians. We shall make such extracts from the second paper as may be useful to our practical readers.

"The glands of Peyer were found not merely free from the peculiar lesion occurring in dothinenteritis or typhoid fever, but these follicles and the rest of the intestine were more healthy in the petechial fever than in the majority of other diseases. We are the more certain of the state of these glands because our attention was closely directed to this subject, and we had previously made most numerous examinations of the glands in typhoid fever and in other diseases; we could therefore pronounce with certainty as to their actual condition. The mesenteric glands were always either normal or very little injected; and the spleen was altered only in one third of the whole number of patients.

The lesions of other organs were as various as they are in most

*To the kindness of Dr. William Thompson I have been chiefly indebted for the opportunities of consulting the different Theses I have had occasion to quote in the foregoing communication.

acute diseases, and evidently depended in a great degree upon the season, or upon the accidental circumstances in which the patient was placed. Thus, we had several cases of pneumonia in the months of March and April, while the lesions of the intestine were remarkably insignificant. But in the warmer season of June, July and August, diarrhœa was frequent, and was accompanied not by a lesion of the glands of Peyer, but by softening or other affections of the mucous coat of the colon.

The pathological anatomy of a disease will usually afford us useful data which may point out the analogies which unite it with other maladies. Now the absence of a permanent characteristic lesion, at least in the solids of the body, is one of the most remarkable peculiarities of the exanthemata. In all these diseases there is no constant lesion, with the exception of the eruption itself. The analogy is not limited to the pathological anatomy, as the subsequent part of this memoir will prove; and without wishing to lay too much stress upon the resemblances which may exist in some of the symptoms of a disease which presents a strong analogy, we cannot pass them by without due attention. As far, therefore, as the pathological anatomy will direct us, we are constrained to class typhus fever amongst the exanthemata."

As Dr. G. lays much stress on the efflorescence accompanying most cases of this fever, and as it seems, we had almost said, to have been but a new modification of scarlatina, we shall transcribe his account of it.

"An eruption of a peculiar character appeared on the skin of 32 out of 36 whites, in whom it was noted. Of the four cases in which it was not visible, one died upon the seventh day of the disease, and the others presented slight symptoms of fever, which disappeared in the course of four or five days. It was also visible, though less distinctly, in mulattoes; and we may infer that the color of the skin alone prevented its development in the negroes. It consisted of petechiæ, which in not more than six cases resembled the rose-colored spots of dothinenteritis. The petechiæ assumed the form of small reddish or purple spots from the breadth of one line, or even the eighth of an inch, down to that of a minute point. They were not elevated above the surface of the skin, and were without the regular round or oval shape of the rose-colored spots. The color of the petechiæ at first was of a lighter red, and could with difficulty be distinguished from the spots of typhoid fever; but on the second or third day they assumed the dull red or purple color of the eruption proper to the typhus; sometimes they were nearly black.

The eruption of petechiæ must therefore be regarded as a characteristic symptom, for it was present in nearly every case in which the symptom was sought for. The eruption is indeed quite as constant as that of measles or small pox; for those cases in which it could not be detected either died before the day on which it usually appeared, or were ephemeral, abortive cases of the disease, which ceased before passing through its regular periods. The petechiæ appeared from the

sixth to the eighth day, after the beginning of the symptoms, and disappeared from the fourteenth to the twentieth day. But the time of their disappearance varied much, and the gradual diminution of their color rendered it difficult for us to indicate its precise date. The eruption would occasionally fade without entirely disappearing, and again resume its former color. This sudden and unexpected fading of the eruption coincided with a depression of strength, and was often of fatal prognosis. After death, a slight bluish ecchymosis, easily traced in the thickness of the true skin, indicated the place of the larger petechiæ, while the smaller were no longer visible. The regular progress of the eruption proves the close analogy which exists between typhus and some of the eruptive diseases, especially scarlatina and measles."

The following case will give an idea of the symptomatology and treatment of a mild case of this malady.

"Dr. F., one of the house physicians at the hospital, had been extremely devoted to his duties, and had spent much time in the ward in which many of the fever patients had been placed. At the time of his attack, the patients were in a great measure concentrated in this single ward. Dr. F. had resided in the house but a short time, and was of a full robust habit of body and in excellent health.

About the first of July, 1836, he found himself growing gradually weaker and appetite declining; but although he was sensible of a general feeling of uneasiness, he had no local pain except a dull, deep-seated aching in the centre of the forehead. There was no disturbance of any of the digestive functions. On the 7th he felt better, and took much exercise, in the hope of escaping any serious illness.

On the 8th, he went through his usual duties in the morning, but while in the ward, he was seized with a chill and nausea. These symptoms he referred to a furuncle situated on theright hand, between the finger and thumb. On the 9th, complained of cephalalgia, uneasiness at the stomach, and fever; he applied a poultice to his thumb, and took ten grains of calomel and one grain of ipecacuanha. Nausea and vomiting came on in an hour, and after drinking freely of warm water, he threw up a quantity of greenish bile. The next day he took a Seidlitz powder, which was followed by five evacuations. In the evening he attempted to resume his duties, but, from feebleness, discontinued them. From the ninth to the fourteenth the fever diminished every morning, but increased towards evening, so as to induce the patient to believe that he was attacked with ordinary remittent. He took the effervescing draught, and lived on light farinaceous diet.

14th. Restless during the night; almost no sleep: vomiting in the morning, but without pain. At 2 P. M., the pulse was full and rather forcible; skin hot and dry; tongue slightly furred; eyes injected; agitation and expression of general malaise. Twenty leeches were applied to the abdomen, followed by fomentations; the punctures bled until the next morning. Neutral mixture ʒss. q. section h. cum ant. tart. gr. 1-24. In the evening felt better, but was very weak; no pain. Pulse 96, compressible, but of moderate volume. Skin hot and dry. Bowels open frequently during the day; had six watery

stools, without pain. The diarrhœa ceased after an injection containing thirty drops of laudanum. A few rose-colored spots, slightly elevated and disappearing on pressure, were scattered over the abdomen.

15th. Slept well; no cephalalgia, but dizziness on rising. Eyes suffused; no tinnitus or deafness, countenance anxious. Anorexia; one dejection. Tongue clammy, pale, coated with a whitish fur; thirst, dryness of the fauces and fœtor of the breath; a similar odor, but less marked, exhales from the skin; short, dry cough. Pulse 98; skin hot and dry; numerous spots of a light red color, some slightly elevated and others on a level with the skin, disappear on pressure, and are scattered over the abdomen and extremities. Spt. mindereri. ʒss. q. sec. h. Effervescing draught. Sponge surface with diluted solution of chloride of soda. Chloride of lime around the bed.

16th. Sleep disturbed by frightful dreams; same condition of the senses; intelligence and memory enfeebled. Eyes still suffused; purple flush of the face; less anorexia; tongue and thirst as yesterday. Abdomen a little tympanitic. Skin hot, but scarcely pungent. Petechiæ more numerous and of a more decided purple tinge than yesterday. Pulse 100, as yesterday. No stool until an enema containing a little chloride of lime was administered, when some consistent fæces were discharged. Urine reddish, cloudy. Same treatment; gruel.

17th. The petechiæ were larger and more livid on the arms. No sudamina or rose-colored spots. Extreme prostration; anxious, dull expression of countenance; dizziness of sight; sensibility of skin natural; delirium and insomnia. Pulse 112. Sponge with the solution every hour. Poultice, with solution of chloride of soda, to the abdomen; other treatment as before. During the next night he slept none, was very restless and delirious, and complained of much cephalalgia; cold applications were made to the head, sinapisms applied to the ankles, and gr. 1-8 of sulph. morph. given by one of his friends.

On the 18th the injection of the eyes and dulness of intellect had slightly increased, but he had slept for some hours after the morphia. Same treatment, adding two cold enemata.

19th. Petechiæ fading; skin less hot. Pulse 120, moderate volume. Memory more correct; abdominal functions natural; burning sensation at the stomach, after taking the acetate of ammonia. Substitute effervescing draught, and cold enema every three hours.

On the 20th, diarrhœa checked by an opiate enema. Mineral water instead of previous medicine. The skin had become more moist. Pulse less frequent.

On the 20th the pulse had fallen to 84 in the minute; the petechiæ finally disappeared, and the countenance assumed that haggard, wan appearance which succeeds the fever. The patient asks for food, which was now granted, with a little wine, and a few grains of the sulphate of quinine daily. The fever did not again return, although there was a slight diarrhœa; and after the convalescence was fairly established, a small but painful abscess formed in the perineum."

We shall copy the section *Diagnosis* entire. It will be seen that Dr. G. labors to establish a specific difference between typhus and typhoid fevers.

"We now approach an important and, in some respects, the most intricate part of our subject. The questions to be solved are, 1st. Whether there exists any essential diagnostic character between the typhus fever we are describing, and the typhoid fever of Paris, which is also not unfrequent in America. 2nd. If the diagnosis between typhus and certain autumnal remittent fevers attended with extreme prostration, and other typhoid symptoms, be evident. Under the term typhoid we include various nervous symptoms detailed in the preceding pages, including the prostration and dulness of intellect. We of course use the term at present in its popular signification; and although it does not possess the greatest precision, still it is consecrated by long usage, and it would be almost impossible to substitute another epithet equally expressive.

By diagnosis we mean the *comparison* of all the symptoms appreciable by us in disease. This comparison requires a careful examination of the symptoms pretented during life, and of the phenomena observed after death, in such cases as terminate unfavorably. We do not base our classification of diseases solely upon their anatomical lesions, although these lesions are oftentimes more constant than any other single symptom whatever; but we group together lesions and symptoms whenever they occur together with sufficient frequency to admit this process of generalization.

In accordance with this signification of diagnosis, we admit the existence of phthisis previously to the formation of tuberculous matter in the same manner as we conceive the possibility of typhoid fever occurring without the characteristic lesion which gives to it the name dothinenteritis.

It is not only necessary to compare the symptoms and the pathological phenomena, but also to examine the succession of the symptoms and their relative intensity at different periods of the disease. It is necessary to attend to this order of symptoms even in those diseases in which, from the development of the local signs, the diagnosis is easy, but in fevers about which so much confusion has existed, as in typhus fever, the most careful observation of all the points is absolutely essential. When we attempt to disentangle this confusion we must group our symptoms, and enquire if one series occurs in a sufficient number of cases for us to admit the succession of the phenomena as nearly, if not quite, constant. If this series does occur in the large majority of cases, the symptoms offer a relation which is sufficiently constant for us to admit them as constituting a distinct disease. If the most important symptoms be present, the absence of one or two, or even a large number of them, does not materially impair the diagnosis; nor does the accidental presence of some irregular symptom which is not usually met with, and does not form a link of the chain, render it uncertain.

We are the more desirous of insisting upon this distinction, as the remarks we made relative to this subject have evidently been misunderstood. The writer to whom we allude supposes that we limit the distinctive characters of the continued fevers purely to their anatomical lesions. We certainly desire to take a more extensive grouud; and, from the examination of a large number of facts, we are fully convinced

that a set of symptoms which characterize typhoid fever or dothinenteritis, are connected with a lesion of the glands of Peyer. We have met with no exception; and the cases in which the symptoms are said to have been present without the lesion, are confessedly so few in number as to render them doubtful. At most, they prove only that the fever may pass in some rare instances through its course without its anatomical signs being developed. In the same manner turberculous fever occasionally proves fatal before the deposit of the morbid substance from which its name is derived. Now this same lesion of the intestines is certainly so uncommon in other fevers, that at Philadelphia, out of eighteen or twenty cases of malignant remittent, and at least fifty of typhus, I have seen but one example in which the glands of the small intestine were at all affected, although they were always examined with scrupulous care. Even in that solitary instance the lesion was slight, confined to the mucous coat, and did not extend to the cellular substance, as in dothinenteritis.

On considering the symptoms of typhus and typhoid fevers, we observe that the latter disease is not confined to any particular season; it commonly attacks individuals of a particular age, and exposed to some unaccustomed mode of life. It sometimes occurs at the same time that an epidemic of autumnal remittent or of typhus exists. I have seen it under both these circumstances, but I have always observed symptoms which distinguished it from either. There could be no doubt of the correctness of the diagnosis, for it was not made in private practice, but in hospitals, where there were always a number of physicians and pupils present to correct and verify the facts.

These remarks are designed to show that the distinctive characters of these fevers are not such as in practice to allow them to be confounded together. Nor was it very difficult to acquire this facility of diagnosis, as all the better instructed students easily attained it. That the very early stages of typhus and typhoid fevers resemble each other is true, but in no greater degree than in the early stages of typhoid fever and small-pox, which have known to be mistaken for each other by the most experienced observers. When the initial period of the fever is passed, the disease may be readily distinguished. Even very early, before the fever assumes its characteristic appearance; there is usually some fact which may throw light upon its nature.

1. Dothinenteritis is usually a sporadic disease, although it sometimes appears as a wide-spread epidemic. In the latter case the symptoms are so well marked, that these are never doubtful, except in a few of the earliest examples. Now, typhus is very rarely sporadic, and if scattering cases do occur, they are generally connected with an epidemic and follow it, as scattering cases of cholera were observed for a long time after the great epidemic of 1832.

2. Typhus is evidently very contagious; in the epidemic of 1836 it was quite as contagious as small-pox. I am fully convinced of its contagious nature from extensive observation as a physician to the hospital, and from the official visits and inquiries which I made as a member of the Board of Health. Dothinenteritis is certainly not contagious under ordinary circumstances, although in some epidemics we have

strong reason to believe that it becomes so. It bears in this respect the same relation to typhus fever that measles does to small-pox.

3. The initial symptoms of the two affections chiefly differ in the greater stupor, dulness and prostration of typhus, which are in strong contrast to the moderate cephalalgia and disturbance of the senses in dothinenteritis.

Still there are now and then, perhaps once in twenty or thirty cases, some symptoms which are apparently common to the two forms of fever. Just as in the diagnosis of measles and scarlatina there is usually no difficulty, but we sometimes see cases of a hybrid character in which the most experienced physicians may be doubtful. In two or three cases out of three hundred, the symptoms of typhus and typhoid fever seemed blended together; but these were slight forms of disease, which are necessarily less distinct than those of a more severe type. In practice, such cases are too rare to give rise to any difficulty.

The more severe cases of dothinenteritis sometime resemble typhus fever very closely, but the resemblance is confined to the symptoms offered by the patient in the most aggravated period of the disease, and does not extend to the succession of symptoms. Indeed, if these cases of typhoid fever are examined at the early stages of the disease, they are certainly more characteristic than the slighter varieties; and although the symptoms occurring during a single day would lead us into error, the comparison of the successive changes will always guide us.

When the disease is completely formed, the characters on which the distinction between the two forms of fevers rest, are—1. The suffusion of the eyes, which occurs in every case, or nearly every case of typhus fever, with the dusky-red aspect of the countenance. 2. The extreme stupor and inactivity of the mind even when positive delirium does not exist. 3. We also observe in typhus no constant abdominal symptom, and at first merely dulness on percussion and feebleness of respiration at the posterior surface of the lungs. 4. If to these symptoms be added the peculiar eruption of petechiæ, which is scarcely ever absent in whites, there remains hardly a possibility of error. In the typhoid fever we consider as distinctive characters, the prostration, the somnolence, the slow development of nervous symptoms, which are not so strongly marked as in typhus. The abdominal symptoms are tympanitis, pains in the abdomen, and diarrhœa. The sibilant rhonchus is heard in the chest; and lastly, there is an eruption of rose-colored papulæ and sudamina upon the skin.

It is not necessary to insist upon the diagnosis between typhus and the ordinary autumnal remittents. The peculiar season at which these latter diseases originate, their progress and termination, all differ too widely from the symptoms of typhus to allow of error, without extreme inaccuracy of observation.

Some rare cases of pneumonia, especially when they occur in drunkards or patients whose constitutions are enfeebled from other causes, resemble typhus in many particulars. Indeed the diagnosis is vastly difficult, were it not for the petechial eruption, as the stupor is sometimes considerable, and the suffusion of the face and eyes nearly as

great as in typhus. If in these cases we are totally without knowledge of the early circumstances, we may occasionally mistake a case of pneumonia for typhus fever. But we could scarcely confound the pneumonia, which appears as a mere complication in typyus, with the original inflammation of the lungs. In some of these cases we derive less benefit than we could anticipate from the physical signs, because pneumonia may be present and be readily distinguished by ausculation, but at the same time be strictly secondary. Neither bronchitis nor angina resemble typhus, unless they occur as an epidemic.

We have not room to make an abridgment of the detailed account of the treatment of this epidemic, in which indeed we do not observe any thing particularly new, and shall substitute the author's summary.

The treatment which was usually pursued by us, may be learned from a study of the remedies already indicated; but as their separate examination tends to break up the connexion of this description, we will state in a few words what treatment we thought preferable under ordinary circumstances. At the beginning local blood-letting will diminish the cephalalgia or other local uneasiness which may chance to exist; general bleeding is to be used only as an occasional treatment: afterwards the patient should be kept upon a mild farinaceous diet, with a little animal broth. The heat of the surface is to be moderated by cool or tepid sponging, preferring a solution of the chloride of soda to simple water. The effervescing draught and other mild beverages may be taken as a common drink, more stimulating diaphoretics if the strength of the patient should fail; wine and other stimulants should be given when the prostration is great; and quinine, with a concentrated diet, should be added when the fever subsides, and the skin becomes cool. Emetics, purgatives and blisters were found useful occasional prescriptions, adapted to the removal of particular states of the system, but did not answer our expectations as a general method of treatment.

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The general conclusions with the respect to the power of treatment, are, that though it cannot cut short the petechial typhus after the disease is formed, it may shorten the duration, diminish the mortality, and mitigate the severity of the symptoms.

III.—ORIGINAL.

THE WESTERN JOURNAL.

E Sylvis Nuncius.

CINCINNATI, OHIO, JANUARY, 1838.

Editorial Gossip.

Compliments of the Season.—Writing down Anno Domini "1838," reminds us that the present calendar year is expiring, and that this number of our *quarterly* will go forth on the first of January. Let it carry, then, the "*Compliments of the Season*" to all our readers; with the hope, that they have made such collections from their rescued and grateful patients, as will enable them to keep warm fires and lamps well filled with oil. Without these important aids, they will neither be able to discover nor relish the various beauties which adorn our Journal; nor write out their summer and autumnal experience for its future pages; nor examine their private pupils; nor digest schemes of professional renown; nor cast up their uncollected debts:—And he who is obliged to pretermit these important duties, deserves the sympathy of the profession.

Our subscription list.—We are happy to be able to say, that our subscription list is steadily augmenting—*ergo*, the thirst for sound knowledge and late intelligence, is increasing in the *West!* This may not be a very philosophical deduction, but it makes up by its pleasantness for what it may lack in logic. We began this paragraph, under a feeling of self esteem; but so nearly is that sentiment allied to self interest, that our acquisitiveness has become excited, and suggests to us the propriety of reminding our subscribers, that by the terms of our prospectus, the subscription price

of our Journal is four dollars a volume, if not paid within the publishing year. We do not expect to realize a profit on its publication; but we must make it support itself. But to come to the matter with great frankness, some early remittances would be acceptable. A three dollar bank note, of any bank in the State to which a subscriber belongs, may be remitted by mail, at our risk.

Professor Parker.—We are happy to announce the return of our colleague from his professional voyage to London, Paris and Rome. He is now in the active discharge of his duty, as Professor of Surgery in the Cincinnati College.

Materiel for Instruction.—The purchases made by Prof. Parker in Paris and London, and by Prof. Rogers in Baltimore and Philadelphia, of books, apparatus and preparations, have greatly augmented our means of instruction. Thus, by gradual accretion, our magazines of the MATERIEL are becoming adequately filled; and that, too, without any extraneous assistance.

Number of Pupils.—The present session has brought us a class of 122 pupils. Our first class consisted of 66, the second of 85, the third of the number just named. Thus our growth is sound, regular and encouraging. An increase at the same ratio, for the next session, will give us 175; a lesser increase for the following year will bring us to 200; which are as many as professors, not delivered over to the propensity of *covetiveness*, would desire; for they are as many as can be *advantageously* taught. We trust that our distant friends will find in these facts, an evidence of our prosperity, and a guaranty for that kind of future, which they may have hoped was in store for us.

Let us for a moment compare this progress with that of other schools in the West. The first medical professors of Transylvania were appointed in 1815. In 1816-17 and 1817-18 they had regular lectures, and drew pupils from other States than Kentucky. The latter session was attended by 20, and in the spring a medical Commencement was held. In 1818-19 the lectures were suspended. In 1819-20 they were resumed, on the basis of pecuniary aid from the people of Lexington. The class, then the fourth, consisted of 38. Next year it amounted to 94, and the next—the sixth—to 138. The Legislature of the State, meantime, had given $5000 to the University. Thus, by the aid of both the city and state, Transylvania, at the end of seven years, had but a few more pupils than the Cincinnati College now has, in its third session. Again: The Medical College of Ohio, in this city, began in 1820, with 20 pupils, and in 1830 had precisely the number which, now, in the third year, belongs to our Institution; the Legislature, in 1826, having made it a liberal endowment. These statistics, from which there can be no appeal, demonstrate that our growth is every way auspicious.

Elements of Pathological Anatomy.—Professor Gross is about to commit to the press, a work on PATHOLOGICAL ANATOMY, to serve as an elementary treatise for office pupils, and a text book for those in attendance on lectures. It will be comprised in one octavo volume, and appear in the course of next spring.

Our Alma Mater.—We hear it reported, that the session of the University of Pennsylvania has been extended to five months, and will not terminate till the first of April. This is worthy of the great and governing school of the New World; and what with humility, but earnestness, we have been urging for several years. Her example will no doubt be followed ere long by other institutions. If all would simultaneously extend their respective sessions a month, an immediate impulse would be given to the medical profession throughout the United States.

British Scientific Association.—Prof. Parker, who was present, in Sept., at the yearly meeting of the British Association for the advancement of Science, in Liverpool, speaks in the highest terms of the exercises. We learn from the Boston Medical and Surgical Journal, that Professor Warren, of Harvard, was also there, and read a paper on the similarity of the skulls found in the ancient mounds of North America to those of the Peruvians. Prof. W. will spend a year in Europe. Why cannot the physicians and other scientific men of the United States form and sustain an association like that of Great Britain? Its advantages and pleasures would be manifold, and we doubt not that its meetings would be well attended.

Lectures on Animal Magnetism, Apparitions and Witchcraft.—One of our physicians, who is generally on the look out for an opportunity to make a speech, in the absence of any useful subject for a public lecture, lately bethought himself of Witchcraft, Second Sight, Ghosts and Animal Magnetism, and has just finished a series of four lectures on those instructive and important topics. We understand that he magnetized not a few of his auditors into sound sleep, but have not heard that any of them acquired the true somnambulic inspiration. It is probable that they have obtained such a degree of *Clairvoyance* as will enable them to distinguish ghosts and witches from all other beings, especially if they should take a second sight. We presume the gentleman has kept magic, astrology, palmistry and coscinomancy in reserve for next winter.

Exhortation to gentility of style.—Our friend, the Editor of the Philadelphia "Eclectic Journal of Medicine," in his November number, has read us a lecture for calling things by their right names. Now, this is in violation of all the laws of nomenclature and classification. Suppose a naturalist were to call "dog fennel" by the name "rose," or an "ermine" by that of "skunk," would not

all distinctions be confounded? If we wrote in a certain style of a certain *quassi* professor, who in his floatings floated, *ex necessitate*, from this city to some other, we wrote according to the *fact*, and were not at liberty to employ any but appropriate terms. If some of these were coarse, they might, to use the language of Junius, be unworthy of *us*, but not inapplicable to the individual to whom they were applied. Our friend of the Journal of Medicine, was once a straight-forward, up-and-down Tennessee Backwoodsman, and could have endured, without flinching, the utterance, upon a contemptible object, of whatever epithets might have been necessary to a just delineation. We fear that the taste of our friend is losing its backwoods simplicity, by long residence in a great city. It is flattering to us, however, that he still retains an affection for the West, and is willing to read homilies of gentility and refinement to his benighted and half civilized brethren of the Valley of the Ohio. We hope that having done this, he will turn his attention to the western adventurer, whom he has volunteered to blow up into a great man, and try to improve *his* language a little. He who spells hæmorrhage in *four* different modes on one page, and winds up with a *flannen* roller, needs the tuition of our friend or some other school-master, and we hope, for the honor of the institution to which he is now attached, will receive it. Our friend of the Journal has charged us with "virulence of abuse." Now, there *can* be no abuse as long as facts only are stated. Our friend then virtually tells his readers, that we have not confined ourselves to facts! But how does he know this? Was he in Cincinnati during the sojourn of *his* friend among us? Is he prepared to point out a single statement made by us that is not literally true? If so, we invite him to do it. He shall have a reply, containing our proofs, to put in his Journal, that its readers may see the difference between our averments and the testimony under which they were made. That is the way to disgrace us. In conclusion, we must express the regret, that we are so remote from our friend, that we cannot have the advantage of consulting him on our style, and of acquiring those refinements of speech, which it may be conjectured, are fostered only in large cities; we shall, however, continue to be constant readers of his valuable journal, and may hope, in due time, to know something of the language, in which *les gens du Bel air* express themselves.

British Journals.—By arrangements recently made, we shall hereafter receive regularly the following Journals—Medico-Chirurgical Review, British and Foreign Medical Review, Lancet, London Medical Gazette, Edinburgh Medical and Surgical Journal, Records of General Science, London and Edinburgh Philosophical Magazine, and Scientific Memoirs. The Lancet and Gazette are weekly publications, and will reach us, soon after they appear, by the packets and mail. Thus it

will be in our power to make an early selection of such things as are adapted to the wants of our readers.

Books and Pamphlets for Review.—The great length of our article on Animal Magnetism has excluded a notice of several works, sent us by authors and publishers, to whom we beg leave to return our thanks. They will receive attention in the next number.

To Correspondents.—Several recent communications are on file, some of which *may* be published, perhaps; but a part of them are composed of matters, which, although good in themselves, are not sufficiently important or original to justify their publication. Such is not the case with the Meterological Tables for the calendar year 1836, sent us by our ingenious and scientific friends, Professor Ray, of the Woodward College in this city, and President Williams, of the Springfield High School, in this State. But we have withheld them, in hope of being able, for the purpose of comparison, of uniting with them the statements of other meteorologists in the Valley of the Mississippi; and we now respectfully solicit such communications not only for the year 1836, but that which is now about to expire. The whole will be arranged into a table, and published in our April number.

Professional Fees.—We are anxious to collect *data* for an estimate of the comparative fees of physicians, surgeons and accoucheurs, in the different States of the West and South West, and will be thankful for accurate information on this subject. The charge for a visit in town, and the rate of charging a mile, the compensation for a number of the common operations in surgery, and the fee in obstetric cases, will be wanted; and every communication should state whether the physician furnishes and charges for the medicines which are prescribed, and whether the charges for surgical and obstetrical operations are followed by other charges for visits. A digest of the whole cannot fail to be interesting to the profession. We should like to receive the information in time for our next number; that is, in the course of the ensuing two months. Except when it is forbidden, the name of each contributor will be quoted as authority. As the postage on the numerous letters which we hope to receive on this subject, would, in the aggregate, be a heavy charge on the Journal, while distributed among their authors it would be a trifle to each, we shall not be displeased to see their letters post paid; unless, indeed, they should happen to enclose a year's subscription; or what would be still more acceptable, an account for publication of some of the "wonderful cures" which they have performed, even without the stimulus of large fees.

D.

Obituary Notices.

Death of Dr. Physick.—We have just received intelligence of the death of this distinguished surgeon and physician, at the age of seventy years. In our next number, we shall avail ourselves of some one of the biographical memoirs, to which his native city will undoubtedly give birth, to make our readers acquainted with his life and character. At present, as our limits are full, we can only say, that we had the pleasure, 32 years ago, of attending the first course of Lectures on Surgery, which he delivered after his appointment into the University of Pennsylvania, of which, for a quarter of a century, he was one of the most useful and venerated professors. Ten years after Dr. Physick's appointment, we heard him again. Our recollections of him as a lecturer are, that he was concise, plain, unaffected, unambitious, unimaginative, and straight-forward in his style; with so much peculiarity of manner, and such a manifest reliance on facts, as contributed successfully to fix the attention of the class, and impress upon them all he said. In practical surgery he was, unquestionably, a man of great sagacity, and uncommonly correct judgment, and hence he was still more valuable to society as a surgeon, than a teacher. Indeed, he must be regarded as the most original and accomplished surgeon which America has yet produced. His reading does not appear to have been extensive; but what is better than learning, his thinking was patient, profound and accurate. His whole professional character was eminently practical. In manners, dress and address, he was of the old school of gentlemen. In his intercourse with students he was distant, but cherished towards them a kind disposition. His general propriety and rectitude of character were irreproachable. On the whole, the profession in the United States, in his decease, has lost one of its noblest ornaments; and a faithful account of his life and labors would present him as the greatest contributor to practical surgery, which this country has yet produced.

Died, on the 17th December, after an illness of two weeks, Mr. Edward A. Scruggs, a student of medicine in the Cincinnati College, from Huntsville, Alabama, but a native of Virginia. The talents and honorable deportment of Mr. S. had greatly endeared him to his classmates, and such of the professors as had made his acquaintance.

D.

BIBLIOGRAPHICAL RECORD;

OR, QUARTERLY LIST OF NEW PUBLICATIONS IN MEDICINE AND SURGERY, AND THEIR ASSOCIATE SCIENCES.*

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*We would respectfully suggest to the authors of new works, the propriety of forwarding us copies, as soon after their publication as practicable. By so doing, they will always secure for them an early notice in our record. As things are now conducted, many of the eastern books never reach us until they are six or twelve months old.

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5. Denkwürdigkeiten in der Artzlichen Praxis. Von Dr. J. H. Kopp, Kurfûstlich Geheimen Ober Medicinalrathe, &c. Zu Hanau. Dritter Band. 8vo: s. 407. Frankfurt, a. m. 1836.

6. Encyclopädie der Gesammten Medicinischen and Chirurgischen Praxis, mit einschluss der Geburtshülfe, der Augenheilkunde und der Operativchirurgie. In verein mit mehreren praktischen arzten und Wundärzten. Herausgegeben von George T. Most, D. M., P. & C., u. s. w. Zweite Auflage. Heft 4, 5, 6, 7, 8, 9. (Dysphobia-Phthisis.) 8vo. Leipzig: 1836-37.

7. De Aneurismatibus Arteriarum Cerebri. Auctore A. A. A. Stumpff. Quarto; pp. 36. Berolini: 1836.

8. Darstellungen und Ausichten zur Vergleichung der Medicin in Frankreich, England,und Deutschland. Von Dr. Adolph Mühry. 8vo. s. 238. Hannover: 1836.

S. D. G.

SUPPLEMENT.

JOURNAL

OF THE

PROCEEDINGS

OF THE

Medical Convention of Ohio,

AT ITS

SECOND SESSION,

BEGUN AND HELD

IN THE CITY OF COLUMBUS,

ON THE

First day of January, 1838.

☞We have delayed the publication of this number of the JOURNAL, that we might insert the proceedings of the Convention as an Appendix.

PREFACE.

It will be seen, by perusing the following pages, that the MEDICAL CONVENTION OF OHIO has turned its attention to the investigation of matters of science. It was the unanimous wish of those who composed the late meeting, that the next should be rendered interesting and profitable, by the reading and discussion of papers on professional subjects. It was presumed that many will be spontaneously sent, or brought in to the meeting; but the Convention thought it expedient, notwithstanding this expectation, to appoint several committees, to report on subjects of deep importance to the physicians and people of Ohio. These committees, especially those on our topography, climate and diseases, it was hoped, would be made the depositories of the observations and experience of the physicians of the State at large; so that the materials for a first essay on its medical history, might be collected and embodied within the sixteen months that are to elapse before the next session--on the second Tuesday of May, 1839, at Cleveland. It is the design of the Convention, then, to publish a volume of Transactions; and contributions to it, are respectfully solicited from every practitioner of medicine, geologist and meteorologist in the State. Specimens of our medicinal plants and those known to be useful in the arts, with memoranda on their virtues, will, also, be acceptable. Finally, facts of all kinds, calculated to display the present state of vaccination among our citizens, are very desirable. Communications on our medical topography, climate and diseases, may be made to Dr. Peixotto for the Cuyahoga basin, Dr. Hildreth for the Muskingum, Dr. Hempstead for the Scioto, and Dr. Drake for the Miami. Contributions to our medical and economical Botany, may be made to the last named gentleman—on Vaccination, to the first.

As the President is authorized to appoint committees during the recess, the friends of any gentleman, who may feel disposed to investigate and report on a professional topic, have only to address that officer, at his residence in Marietta, and an appointment will be immediately forwarded.

WM. McCLAY AWL,
ROBERT THOMPSON,
DANIEL DRAKE,
} Publishing Committee.

JOURNAL

OF THE

Second Session

OF THE

MEDICAL CONVENTION OF OHIO.

Pursuant to a Resolution of a Medical Convention of Physicians of Ohio, held in the city of Columbus, on the 5th day of January, A. D. 1835, the following members of the Medical Profession assembled at the Court Room of the United States District Court, in the said city of Columbus, on Monday, January 1st, A. D. 1838, to wit: From the counties of

Trumbull—Peter Allen, Tracy Bronson.

Portage—Daniel Upson, F. W. Upson.

Fairfield—J. M. Bigelow, L. Helmick, M. Z. Kreider, E. L. Miner, W. W. Talbott, L. Wolfley, A. Clarke.

Franklin—Robert Thompson, J. B. Thompson, James Irons, Nath'l M. Miller, W. M. Awl, S. Parsons, Joseph A. Waterman, P. Sisson, C. F. Schenck, Kingsly Ray, B. F. Gard, A. N. Boalse, E. Whitehead, Geo. Snow, James Robinson, George Ritchie.

Knox—Lyman Wright.

Jefferson—W. J. Bates.

Clarke—Robert Rogers, W. M. Murdoch.

Licking—H. Fassett, G. W. Landon, W. S. Richards, David Anderson.

Muskingum—W. Morehead, A. M. Lewis.

Guernsey—S. P. Hunt, Milton Greene, James Hood, James M. Mitchell, J. F. Martin.

Greene—Isaac S. Perkins.

Montgomery—D. S. Gans.

Hamilton—Daniel Drake, J. A. Warder, M. B. Wright, J. P. Kirtland

WARREN—Elias Fisher.
ROSS—J. M. Brown, J. S. Pultman, W. E. Thompson.
PICKAWAY—P. K. Hull, B. S. Olds.
DELAWARE—R. Hills, E. Carney, J. M. Roberts, C. S. Clarke, ——— Page, J. Langworthy.
MADISON—C. Ankelen, Aquila Toland.
PERRY—W. Trevitt, David Chambers, B. Stone.
SCIOTO—G. B. S. Hempstead.
CUYAHOGA—Daniel L. M. Peixotto.
LOGAN—J. Ordway, James Crew.
SHELBY—Henry S. Conklin.
BELMONT—Thomas Carroll, E. Gartow, Isaac Hoover.
WASHINGTON—S. P. Hildreth.
RICHLAND—James P. Henderson.
LORAINE—E. W. Hubbard.
MARION—J. C. Norton.
MORGAN—T. Martin.

The Convention being called to order by the President, Dr. Allen, the minutes of the preceding session were read.

On motion of Dr. Robert Thompson,

Resolved, That the officers of this Convention be elected by ballot, and that a plurality of votes determine the result.

On motion of Dr. Awl,

Resolved, That the President be elected by a separate ballot, the Vice Presidents by another, and the Secretaries and Treasurer by another.

The Convention then proceeded to ballot for a President, and Dr. Samuel P. Hildreth, of Washington County, was chosen.

On motion of Dr. Kirtland,

Resolved, That the members of the Convention be requested to nominate candidates for the several offices to be filled.

On motion of Dr. Drake,

Resolved, That in voting for Vice Presidents no designation of rank shall be made, but their rank shall be determined by the respective number of votes, and that in the case of a tie between the two candidates, which are the lowest of six, the subsequent balloting shall be confined to them.

The Convention thereupon proceeded to ballot for six Vice Presidents; which resulted in the election of the following gentlemen: 1st Vice President, Samuel Parsons. 2d do., Daniel Upson. 3d do., Isaac S. Perkins. 4th do., Thomas Carroll. 5th do., G. B. S. Hempstead. 6th do., Daniel Peixotto.

On motion of Dr. Drake,

Resolved, That in the election of Secretaries and a Treasurer, if there should be but one person put in nomination for each of these offices, he shall be considered elected, and the choice by ballot be dispensed with. Whereupon,

Dr. William M. Awl, being the only person nominated for Corresponding Secretary, Dr. M. Z. Kreider, for Recording Secretary, and Dr. Robert Thompson, for Treasurer, they were severally declared by the President to be duly elected to said offices.

On motion of Dr. Drake,

Resolved, That no Resolution referring a subject to a committee, for the purpose of making a report, shall be debated.

The President, Peter Allen, previous to his vacating the Chair, pronounced a valedictory address. The President, elect, then took the Chair; when,

On motion of Dr. Drake,

Resolved, That the thanks of this Convention be tendered to Peter Allen, M. D., our Ex-President, for the ability and impartiality with which he has discharged the duties of his office, and that he be requested to furnish a copy of his valedictory address for publication; which being complied with, is as follows:

GENTLEMEN—

If I consulted my judgment alone, perhaps I should remain silent on this occasion. But I should do injustice to my feelings to leave the chair, without expressing to you my grateful feelings for having been selected as President of the Convention, and for the kind and respectful manner in which I have been treated. The recollection of our former Convention has been pleasant; it was indeed a green spot in our professional lives, and I hope the same good feelings will prevail in our present meeting.

I congratulate you, gentlemen, that the profession of medicine is so rapidly improving in the State of Ohio. As one of the pioneers of this

country, I cannot but take a deep interest in the march of improvement generally. I came to this country when a young man;—it was then one wide-spread wilderness, with here and there a scattered settlement, which might well have been compared with dots on a map of the country. The Indians still lingered on the hunting grounds of their fathers, and roamed our plains in the chase. But they are gone:

> "Ye say they all have pass'd away,
> That noble race and brave;
> That the light canoe has vanish'd
> From off the crested wave:
> That in the forest where they roam'd,
> There rings no hunter's shout;
> But their name is on your waters,
> Ye may not wash it out."

The physician of that day had to traverse the wilderness, to cross streams and swamps, without roads and without bridges; trusting to the sagacity of his horse, he must thread the mazes of the forest in midnight darkness; or, guided by the polar star, happy if he could reach the humble cabin of the hunter, and partake of his coarse but hospitable fare.

How changed is every thing now. The forest has fallen before the axe of the settler. Well cultivated farms and good houses, the abodes of an intelligent and thrifty people, meet the eye of the traveller.—School houses are placed at convenient distances, where the young mind is trained for future usefulness. Academies and Colleges, where the higher branches of literature are taught, exist in various parts of the State.

In the early times to which I have alluded, medical books could scarcely be obtained on this side of the mountains. We now have works written by our own citizens, which equal in merit many of those of other countries. The medical schools of the East were few, and beyond the reach of the indigent pupil; we now have respectable institutions of our own, which render a good medical education of easy attainment to the industrious and persevering student.

The benevolent institutions of our State are above all praise. The poor maniac will not, as was once the case, be thrown into a dungeon, or chained to the wall like a criminal or a brute; but treated with kindness and sympathy, he will, in many instances, be restored to society and his friends.

Our schools for the Deaf and Dumb and the Blind, seem almost to open the eyes of the one and unstop the ears of the other.

The increase of intelligence and refinement among the people, is a sure pledge that the talents of the physician will be duly appreciated by them. History, ancient and modern, concur in this, that medical skill will be valued by the people in proportion to their mental cultivation.

Our professional gentlemen have every inducement to stimulate them to industry and perseverance. I hope they will continue to improve. It has been said by an American writer, that the legal profession ranks before the medical in the United States, except in Philadelphia; that there, it is a contested point, which shall have preference. I hope, gentlemen, that this point will be contested in Ohio, and warmly contested too. In conclusion, gentlemen, accept my best wishes for yourselves individually.

On motion of Dr. Kirtland,

Resolved, That a committee of two be appointed to invite Dr. Andrews, of Connecticut (now on a visit to this city) to a seat in the Convention, and a participation in its business.

Whereupon the Chair announced Drs. Kirtland and Thompson said committee; and Dr. Andrews was accordingly introduced.

On motion of Dr. Gans,

Resolved, That a committee of four be appointed to enquire into and report upon the means of improving the *present method* of medical education in Ohio.

The Chair appointed Doctors Gans, Wright, Fisher and Kreider said committee.

Invitations were then received and accepted from the Trustees of the "Lunatic Asylum," and the "School for the Blind," to visit said Institutions.

Dr. Wright, late Treasurer, submitted his account, showing a balance in his hands of 94 cents—which was accepted, approved and ordered to be filed.

On motion of Dr. Drake,

Resolved, That the President, at his pleasure, may relinquish the Chair to one of the Vice Presidents, and participate in the debates of the Convention.

Dr. W. M. Awl submitted the following preamble and resolutions, with appropriate remarks, which were unanimously adopted. To wit:

Whereas, it hath pleased the all-wise Ruler of the Universe, to remove from the scene of his private and public usefulness, a great ornament of our profession, the late PHILIP SYNG PHYSICK, M. D., *Emeritus Professor* in the University of Pennsylvania: and whereas, this Convention regards the event not only as a loss to the city of Philadelphia, the immediate scene of his labors and usefulness, and the great medical school, in which he was a time-honored and highly distinguished professor, but as a great national loss to the republic of science, in which we all participate, and which will be lamented in every part of the world to which the benefits of medical education have been extended: and whereas, a public respect for the name and character of useful men is honorable to the living and just to the memory of the dead—therefore, be it

Resolved, That the members of the State Medical Convention of

Ohio will honor the name and memory of PHILIP SYNG PHYSICK, late of Philadelphia, by wearing crape upon the left arm for thirty days.

Resolved, further, That a copy of the above preamble and resolution, signed by the officers of the Convention, be addressed to the family of the deceased, and also to the University of Pennsylvania.

Dr. J. M. Bigelow submitted the following preamble and resolutions, which were unanimously adopted. To wit:

Whereas, since the meeting of this Convention, held in this city, on the first Monday of January, A. D. 1835, Dr. ROBERT MCNEILL, of Lancaster, one of the Vice Presidents of that meeting, has paid the last sad debt of nature; and, from a high sense of the virtue and talents of the lamented individual, we deem it our duty to express our view of the loss irreparably sustained, by the adoption of the following resolutions:

Resolved, That the death of the late lamented Dr. ROBERT MCNEILL be looked upon, as it is indeed realized by the members of this Convention, as a loss of deep import to the cause of medical science in this State.

Resolved, That we deeply deplore that dispensing stroke of Providence, that has deprived us of one of the brightest ornaments of our profession, and laid in the dust one, whose character we hold in the highest respect, as a man, a physician, and a philanthropist.

Resolved, That the Secretary of this Convention record the above preamble and resoluions in the Journal of the Convention.

Dr. Hull submitted the following preamble and resolutions, which were unanimously adopted. To wit:

It becomes the melancholy duty of the members of the medical profession of Pickaway county to notify this society, that since the meeting of 1835, it has sustained the loss of one of its most valuable members—viz: Dr. THOMAS H. GIBSON, of Circleville. Dr. GIBSON was devotedly and ardently attached to the profession of his choice, and untiring in his endeavors to alleviate the sufferings of the unfortunate. His mind was amply stored with medical information. As a physician, his premature death has created a chasm not soon to be filled; and as a man, he was endowed with all those virtues and ennobling qualities which endear men to society. With the view of expressing the sense of the Convention, I would recommend the adoption of the following resolutions:

Resolved, That this society deeply deplore the premature death of the lamented Dr. GIBSON, and that we view it as a calamity, afflicting to us as men and physicians.

Resolved, That the Secretary of this society record the above preamble and resolution in the Journal of the society.

On motion of Dr. Hempstead,

Resolved, That a committee of five be appointed to report on the expediency of a memorial to be presented to the Legislature, asking for a law regulating the practice of Physic and Surgery.

Whereupon the Chair appointed the following persons said committee—to wit: Drs. Hempstead, R. Thompson, Allen, Bates and Mitchell.

On motion of Dr. Drake,

Resolved, That a committee of seven be appointed to report on the future meetings and exercises of the Convention.

Whereupon the Chair appointed the following persons said committee—to wit: Drs. Drake, Rodgers, Gans, Fisher, Chambers, Conklin and Henderson.

On motion of Dr. Norton,

Resolved, That a committee of five be appointed to take into consideration the expediency of making application to the General Assembly for an act to encourage the study of Anatomical Science, and to report thereon.

The Chair appointed the following committee—to wit: Drs. Norton, Hood, Carney, Bronson and Sisson.

On motion of Dr. Drake,

Resolved, That a committee of five be appointed to report on the causes which contribute to depress the science, dignity and influence of the medical profession in Ohio.

The Chair appointed the following persons said committee—to wit: Drs. Drake, Miller, Olds, Hills and Warder.

On motion of Dr. Drake,

Resolved, That a committee of three be appointed to report on the defects in the organization and administration of the medical schools in the United States.

The Chair appointed the following persons said committee—to wit: Drs. Drake, Kirtland and Peixotto.

The following communication from the Faculty of Dayton was read, and ordered to be recorded—to wit:

DAYTON, Dec. 30, 1637.

To M. Z. KREIDER, *M. D. Rec'g. Sec'y. Medical Convention:*

Dear Sir,—At a meeting of the Faculty of Dayton, convened pursuant to notice, Drs. Gans, E. Smith, and W. H. Creager were appointed Delegates to the triennial Medical Convention of Ohio, to be holden at Columbus, on January 1st, 1838.

On motion, *Resolved*, that we duly appreciate the great and lasting benefits, which must result to the community and to the profession

through conventional meetings; and that we, as in duty bound, will co-operate with our brethren, in the noble enterprize of "elevating the moral and scientific character and talent of the great and extending West." By order of the meeting,

JOHN STEELE, *Secretary.*

The Secretary announced a communication from Professor Gross, of the Cincinnati College, on the Nature, Origin and Seat of Tubercles, which was read; whereupon,

On motion of Dr. Allen, it was unanimously

Resolved, That the thanks of this Convention be presented to Professor Gross, for his able and interesting paper; and that it be filed in the archives of the Convention.

Adjourned till to-morrow morning at 9 o'clock.

Tuesday morning, 9 o'clock, Jan. 2.

Convention met pursuant to adjournment, and was called to order by the President.

A communication from Dr. McGruder was read, and referred to the committee appointed to report on the expediency of memorializing the Legislature for a law to regulate the practice of Physic and Surgery.

Dr. Parsons presented to the Convention the Constitution of the "Franklin County Medical Society," which on motion, was read. Ordered, that the same be placed upon the files of the Convention.

Dr. Hempstead, from the committee on the expediency of applying to the Legislature for a law to regulate the practice of Physic and Surgery, made the following report:—

The committee, charged with the consideration of the resolution enquiring into the expediency of memorializing the Legislature, on the subject of a law regulating the practice of Physic and Surgery, have had the same under advisement, and ask leave to report, that they have made themselves acquainted with all the facts connected with that subject, which the time allotted them would permit, and from information obtained, from those directly and indirectly interested, your committee are clearly of opinion, that it is inexpedient to ask for any legal enactments on that subject; and would therefore recommend the adoption of the following resolution:

Resolved, That it is not expedient to memorialize the Legislature upon the subject referred to your committee.

G. B. S. HEMPSTEAD, *Chairman.*

Which was agreed to, and the resolution appended to it adopted.

Dr. Norton made the following Report:—

The committee, to whom was referred the resolution directing them to enquire into the expediency of petitioning the General Assembly for an act to encourage the study of Anatomy—beg leave to

Report, That they have had the subject under consideration, and have arrived at the conclusion, that it would be inexpedient to petition the Legislature upon the subject, at the present time; and in furtherance of the views of the committee, they would submit the following resolutions—the adoption of which they would recommend to the Convention:

Resolved, That it is the duty of the members of the medical profession, to use all their influence to do away the existing prejudices against anatomical pursuits.

Resolved, That the community are too generally uninformed in relation to anatomical pursuits; such pursuits having been heretofore—in the opinion of this committee, erroneously—conducted secretly, and surrounded, in the eyes of the great mass of the community, with a sort of mystery.

Resolved, That this Convention recommend to the physicians throughout the State, the propriety of making frequent post obit examinations, as an efficient means of dissipating public prejudice in regard to the study of anatomy, and of advancing the profession in the science of Pathological Anatomy.

JOHN C. NORTON, *Chairman.*

Which report and resolutions were adopted.

Dr. Drake made the following Report:—

The committee to whom was referred the resolution for an enquiry into the causes which contribute to depress the science, dignity and usefulness of the Medical Profession in the State of Ohio, beg leave to submit the following Report:—

While your committee admit that the profession in our State has not yet attained to the elevation which is desirable, they are of opinion that most of its defects and imperfections are common to all of the States of the Union and especially of the West with which they are best acquainted. To a great extent, they necessarily grow out of the state of society which as necessarily exists in a new country, and many of them cannot be corrected till our communities grow older; nevertheless, it is the duty of the members of every profession to be jealous of its honor, and to labor with industry and perseverance in augmenting its usefulness and moral power—and, under this sentiment, your committee will proceed to indicate some of the causes, which seem to them extensively operative in retarding the advancement of the profession in our State.

The first to which they would refer, is the study of medicine by so great a number of young men who are deficient, not merely in classical learning, on which they would not insist, but in a common English education. It is not necessary to dwell on the evidences of this generally acknowledged fact; nor on its pernicious influence on the subse-

quent progress of the individual. The remedy is in the hands of the physicians who receive private pupils, and of those who conduct our Medical Schools; but especially the former, who ought to discourage every young man from commencing the study of medicine, whose preparatory education is notoriously defective.

The second cause of depression, is the commencement of the practical duties of the profession by students, before they are qualified.—It is well known, that great numbers do this, after a brief period of private pupilage, without visiting any medical school, and that a still greater number enter on the practice, after attending but one course of lectures; and that too, when they are too young to have attained that maturity of judgment, which its difficult and responsible duties require. Not a few of them, no doubt, intend at a subsequent time to complete their medical education; but this intention is seldom carried into effect, and a very small proportion of them only, are enabled by solitary study to supply their deficiencies.

In the third place, the compensation awarded to our physicians in every part of the State, both in town and country, is so small, that many of them are absolutely unable to provide themselves with extensive libraries, and the apparatus and instruments necessary to an enlightened and efficient discharge of their professional duties; while, at the same time, one of the stimuli to a proud and persevering cultivation of the principles of the profession, is entirely withheld from them. From the enquiries which your committee have made, they are assured, that as a general fact, there is scarcely any business pursued by any class of intelligent men in the State, that is not more profitable than the practice of medicine. Indeed, it may be announced as a truth, that many physicians lose much time, which they would gladly devote to the study of the profession, in devising ways and modes of rendering their slender receipts adequate to the support of their families. It may be said, that the remedy for this evil is with the community, and such in part is the fact; but while a large number of the patients of every faithful and acceptable physician would, as your committee believe, most cheerfully acquiesce in whatever he would consider right, it is in reality for the profession themselves, as a body, to assert their claims, and in the different parts of the State, to agree upon and ask such compensation as the nature of their services, sacrifices, exposures and professional anxieties, entitle them to receive.—Were they to do this, it cannot be doubted, that the people among whom they labor and of whom they are a part, would very soon show a willing acquiescence. In this reform, it is the duty of the senior members of the profession, who have earned the respect and confidence of the community, to take the lead. If *they* make low charges, the younger members of the profession are compelled to make such, as are absolutely discouraging.

In the fourth place, the frequent addition of some other business to the practice of medicine, a necessary consequence of the present low rate of charging for professional services, and of incessant defalcations of payment, contributes greatly to depress the dignity and retard the cultivation of the profession; for as no man can serve two masters, the attention and affections of the physician who engages in another vocation, in connection with his profession, will be inevitably withdrawn from the study of the latter; when, if his mind had not been thus distracted, he might have been an ornament to the science.

In the fifth place, the total abandonment of the profession, an event

which we witness almost every day, exerts upon it a pernicious influence. This desertion of it, is in different cases, the effect of all the causes which have been enumerated. He who is illiterate when he commences the study, or makes himself but superficially acquainted with the science, will seldom be bound to it by ties of affection. A better education, preparatory and professional, would be the corrective of this evil; for they who make themselves profoundly acquainted with the principles of our science, will seldom feel inclined to relinquish its pursuit. The want of adequate compensation is, however, a still more powerful cause of the desertion, to which your committee would direct your attention. The physician, from necessity, unites some other pursuit with the practice, but soon discovers that he cannot successfully prosecute both, and thinks it safer, because more profitable, to adhere to the former; or disheartened and discouraged at the inadequate returns of several years of toil and deprivation, in a fit of disgust, he resolves at once to extricate himself, and seek a more profitable and less perplexing employment. Thus, of the large number who enter on the practice, but few are found in its ranks at the time of life when they might confer dignity and moral influence upon the profession. The places of those who leave it, are supplied by persons still younger and more inexperienced than themselves; many of whom follow their example, and thereby the State is prevented from rearing up a class of scientific and enlighted seniors in the profession.

In the sixth place, the custom of physicians, especially in early life, of repeatedly changing their place of residence, is attended with many disadvantages to themselves, and through them to the profession; inasmuch, as it interferes with their cultivating the science, and prevents them from establishing that influence in society, which every medical man, from the nature of his vocation, ought to exert.

In the seventh place, the practice pursued by certain members of the profession, of preparing and advertising specifics—a strong sign of degradation of character in those who do it—contributes to bring the science into disgrace, and cannot be too strongly reprobated.—Your committee, are of opinion, therefore, that this Convention should at all times array its moral power against this abuse, and forever exclude from its meetings, every individual, who has in any degree participated in such empyricism.

Lastly, the want of greater social and professional intercourse among the members of the profession, and its necessary consequence, the want of a common sympathy, a common ambition, and a unity of action, is a powerful cause of retardation, in our advancement to high professional dignity. This necessarily results from the recent settlement of the State, its great geographical limits, the difficulty of travelling from one part to another, and the great variety of places, whence many of us emigrated. It is to be hoped, that the meetings of the Convention will do much towards correcting this evil, and uniting us into one brotherhood; but much may be done additionally, by voluntary county associations, on the same principle. Your committee are happy to know, that since the last meeting of the Convention, several of these have been organized in different parts of the State, and they trust that the good work will go on, till the physicians of every county will be thus united.

In conclusion, your committee feel justified in expressing the opinion, that the profession, in Ohio, is gradually rising in its scientific and moral character—that a deeper love of knowledge begins to manifest

itself—that intemperance, gambling and profanity are as rare among its members, as among those of the other respectable classes of society—and that nothing but perseverance in the great duty of self and social improvement, is necessary, to render it every way worthy of the high destinies of our beloved State. All of which is respectfully submitted.

DANIEL DRAKE, *Chairman*,
NATH'L M. MILLER,
B. S. OLDS,
JOHN A. WARDER,
R. HILLS,
} *Com.*

Which report was unanimously adopted.

Professor Peixotto submitted the following preamble and resolution—which were ordered to lie on the table.

Dr. Peixotto before offering the following resolution observed, that since his residence in Ohio, he had found much difficulty prevailing with respect to the appropriate treatment of subacute inflammations, in which general bleeding was inadmissible; and wherein scarrifications were too irritating. The difficulty consisted in procuring Leeches, owing to neglect or impracticability of obtaining them. Yet it ought to be known that Dr. Roe of New York had instituted experiments to ascertain the possibility of employing the American Leech, which being easily procured, and at a comparatively low price, were specially desirable for use in public institutions. For this purpose Dr. Roe confined numbers of them repeatedly in close jars filled with *distilled* water. By this process they were deprived of the stimulating nutriment contained in water ordinarily in use. It was found that they were thus rendered hungry and voracious; and as capable of extracting blood from the surface as the European Leech. Dr. Roe published the result of his trials in an interesting communication published in the first volume of the New York Medical and Physical Journal. New series, 1829.

Resolved, That the Medical Convention of Ohio considering the employment of Leeches as an important, if not indispensable remedial measure in many cases of inflammatory action, recommend to their professional brethren in this State to make greater exertions than have yet been made to import them; and also to institute experiments on the practicability of rendering the indiginous Leech available, and whereas it has been proved that the American Leech, when confined in distilled water, and thereby deprived of its necessary nutriment, has been found to act with energy, that it be further recommended to Physicians to institute trials as to the efficacy of this plan.

Dr. Drake made the following report:—

The Committee to whom was referred the resolution on the future meetings and exercises of the Convention, have the honor to submit the following Report:

If the State of Ohio were not of greater geographical extent than some of the principalities of Europe, or some of the States of this Union; was its capital, in which we are now assembled, a large city, as central and governing in its influence and relations, as it is in its topographical position; and was it adequately connected with all parts of the State by good roads, your committee cannot doubt, but that it would be most advisable for the Convention to continue to hold its meetings where they are now held; but under the actual circumstances of the State and the profession, your committee are of opinion that it will be preferable for the Convention, to meet successively in the different large towns of the State. In designating these, your committee have nothing more in view, than to aid the Convention in contemplating the value of this recommendation. In pursuance of this object, they name Cleveland, Cincinnati, Marietta, Dayton or Springfield, Steubenville, Chillicothe ,Zanesville, and Columbus. Two experiments have already shown, that but a small part of the physicians of the State can be drawn to its capital from distant places, and that the Convention is, in a great degree, composed of those who live near the centre of the State. By changing the place of meeting, so that all the sections of the State will be successively visited, the Convention will still be composed of distant members, and of those who live not far from the town in which it assembles; and thus all our brethren will be enabled, sooner or later, to participate in its deliberations; an advantage which is not likely to occur if the meetings should continue to be held in one city.

The time, not less than the place of meeting, has been taken into consideration by your committee; and they are of opinion that it should be changed from winter to spring. The weather in January is repulsive; the roads are often impassable; and in fact that month is often more unhealthy than the month of May, when the weather is pleasant, the roads good, the canals navigable, and the Ohio river covered with steamboats. Thus,your committee believe, physicians cannot only leave home with more convenience in the early part of May, when the winter diseases are over, and before those of summer have set in, but can travel with far greater facility and comfort. Should the time of meeting be changed, your committee are of opinion, a much greater number would attend.

As to the frequency of the meetings, your committee is somewhat undecided; but they think a session once in three years, as contemplated and acted on by the last Convention, is not enough, especially if the meetings should be progressively held over the whole State.—But whether the meetings should be annual or biennial, they are not prepared to express a decided opinion. They do not doubt, however, but that the next meeting should be held in the spring of 1839.

Your committee have given to the subject of the exercises and labors of the Convention, the serious attention which its great importance demands. The ethics and economy of the profession, with such works of benevolence as are connected with it, although confessedly of vital importance, cannot continue to be sufficient to occupy the meetings of the Convention, and render them attractive; the direct

cultivation of the science should, therefore, be made an object, and to this important end, your committee recommend, first—that the President, at the opening of the next meeting, after that over which he presided, when he is about to relinquish the chair to his successor, shall deliver a public formal address;—second, that committees be appointed to investigate and report on certain assigned topics;—third, that papers on various subjects be solicited;—fourth, that prizes be occasionally awarded for the best dissertation on specific subjects, indicated by the Convention. In this way, your committee think, an impulse would be given to professional improvement throughout the State, while the meetings of the Convention would be rendered more profitable to all who attend them. Your committee even suppose, that materials for successive volumes of Transactions might be thus collected; the publication of which would contribute to the improvement of medical science, and confer dignity on the profession of Ohio.

Finally, should the plan of meeting in different places be adopted, a local committee of arrangements should, at the proper time, be appointed, to make preparations for the sitting of the Convention.

To carry out the suggestions of their Report, your committee have prepared a series of resolutions. All of which is respectfully submitted.

DANIEL DRAKE, *Chairman*
H. S. CONKLIN,
D. S. GANS,
R. RODGERS,
E. FISHER,
JAMES P. HENDERSON,
DAVID CHAMBERS,
} *Committee.*

Resolved, That it is expedient for this Convention hereafter to meet, successively, in the different large towns of the State, in such succession, as may from time to time be determined on, by each meeting of the Convention.

Resolved, That the next meeting shall be held in the town of Cleveland.

Resolved, That the next meeting shall be held on the 2d Tuesday of May, 1839.

Resolved, As the opinion of this Convention, that its meetings after the next should be annual.

Resolved, That it shall be the duty of the President, when about to resign the Chair to his successor, to deliver a formal address to the Convention, on a subject selected by himself; that the members of the profession in Ohio be earnestly requested to bring or send in to the Convention, papers on the different sciences constituting and connected with the Medical Profession, (especially such as will illustrate our Medical Topography, Climate and Diseases,) and that Committees ought to be appointed to investigate and report on particular subjects.

Resolved, That we pledge ourselves to each other, to make every practicable effort, in the collection and preparation of materials, for a volume of transactions, to be published immediately after the next meeting of the Convention.

Which report and resolutions were adopted.

Dr. Drake reported the following resolutions, which were adopted.

The Committee to whom was referred the resolution on the defects in the organization and administration of the Medical Schools of the United States, beg leave, respectfully, to report the following resolutions :—

1. *Resolved*, That in the opinion of this Convention, the sessions of the different Medical Schools, throughout the Union, are too short, and that they ought to be extended one month, and the students required to stay to the *end* of the term.

2. *Resolved*, That the number of Professorships is too few, and that ampler provision should be made for teaching Physiology, Pathological Anatomy, Pharmacy, and the Natural History of Medicines, Botany, comparative Anatomy, Meteorology, Medical Jurisprudence, and Mental Physiology.

3. *Resolved*, That, if practicable, our Medical Schools should be so organized, as that Students, in their first course, would have their attention chiefly directed upon special Anatomy, Physiology, Chemistry, Pharmacy, and the other elementary branches; and their second upon Pathological Anatomy, Therapeutics, the practice of Physic, Surgery and Obstetrics.

4. *Resolved*, That in admitting Candidates to examination for degrees, a stricter regard than is at present shown, should be had to their preliminary education.

5. *Resolved*, That the practice of graduating young men before they are 21 years of age should be abandoned.

6. *Resolved*, That no Pupil ought to be graduated before the end of four years, from the time he commenced the study of Medicine.

7. *Resolved*, That, if the various Schools of the Union, were to send representatives to a meeting at some central point, to confer together, many of their existing defects, by a simultaneous, co-operative effort, might be successfully remedied, and that we, respectfully, recommend such a Convention to be held. Till when it would not be practicable, nor should it be expected that any single institution will attempt the reforms which are here proposed.

8. *Resolved*, That the corresponding Secretary be instructed to send a printed copy of the proceedings of this Convention, to all the Medical Institutions of the United States, with a letter, calling the attention of their Professors to these Resolutions.

DANIEL DRAKE, *Chairman*,
DANIEL J. M. PEIXOTTO,
J. P. KIRTLAND,
} *Committee.*

On motion of Dr. Parsons,

Resolved, That the Secretaries of the Convention be requested to make arrangements for publishing the proceedings of the present Convention, and ascertain, as near as practicable, the expense of such publication, and report thereon.

The members of the Convention received and accepted an invitation from the Franklin County Medical Society, to an entertainment, for that evening, at the National Hotel.

Recess.

After noon.

Dr. Drake offered the following preamble and resolution:—

Whereas, The want of preparatory education in many of the native youth of Ohio, who engage in the study of Medicine, is a serious calamity to the profession; and whereas much of this defect arises from the want of good common schools in the various parts of the State; and whereas these cannot be established and made liberal in their course of studies, without the co-operation of the people, in the enlightened policy of the General Assembly, therefore

Resolved, That we will use our utmost endeavours, to stir up and excite the people of the respective portions of the State in which we reside, to such efforts and appropriations as may be necessary to establish, in connexion with the State, such Schools as will enable the young men of Ohio, to qualify themselves, without leaving home, for entering upon and successfully prosecuting the study of Medicine.

Which was adopted.

The resolution of Professor Peixotto, on the subject of leeches, was taken up and adopted.

Dr. Gans made the following Report:—

The Committee appointed to inquire into and report upon the means of improving the *present method* of medical education in Ohio, beg leave to make the following report:

Ample observation has convinced your Committee, of the existence of radical defects in our *present method* of medical education; defects which have partly caused that depression of character in the profession, and want of confidence of the community, in our systems of practice, which can be perceived by every discerning Practitioner.

Your Committee consider it unnecessary to unfold their opin-

ion, or devise any remedy, in regard to most of these defects, as they have already been acted upon, partly by the Convention of 1835, and very judiciously by the present meeting in a report of a Committee relative to this subject. They will, therefore, limit themselves to one point, to which, in their opinion, too little attention is paid, by a great number of the profession.

The subject alluded to is "*private pupilage.*" Your Committee are of opinion, that students should commence and terminate their studies at a Medical School, devoting the period between the two courses to reading and clinical observations, with a private preceptor; but this, although there are no obstacles in the way, they have ascertained is seldom done; and will not very soon, it is to be feared, become fashionable. Meanwhile they would direct the attention of the members of the Convention, and through them of the profession, throughout the State, to the very great importance of private pupilage; reducing what they have to say to two heads.

The first relates to the qualification of students. Young men are sometimes received into the offices of physicians, as students, entirely deficient in those intellectual and moral qualities, which are absolutely necessary to a successful study of medicine, and the performance of those responsible duties which are necessarily imposed upon the medical practitioner. Without these qualities, it is not only impossible for him to pursue the study and comprehend the science with ease and final success, but being destitute of the required natural endowments, he will be unable to exercise in his future practice, that *judicium practicum*, which indicates, that he is appointed by *nature* to fill the responsible and high station in society, of relieving suffering mankind of their various maladies.

The second defect to which allusion was made, is the want of attention paid, in private pupilage, to the theoretical branches of the Science.

It is the opinion of the Committee, that the student ought not at all to study any of the practical branches, in the first part of his pupilage. But nevertheless, observation has amply shown, that students are constantly allowed to take up these branches prematurely. Every one here will see, how necessary and important it is, to pursue strictly that method of study, which can alone lead to a scientific education. Without studying the theoretical branches first, which must be considered as the foundation of the stability of his future eminence, it is impossible, even if he should frequent a College afterwards, that he ever can make pretensions to be a scientific Physician; or be able to practice with that discrimination, which is so essential to his success, and to the well being of the community at

large. Moreover, a Student who devotes a part, or most of his term of private pupilage, to the practical branches, or the practice itself, will be likely to prove a burthen to the professors of the College, and deprive himself of many of those advantages, which he ought to derive by attending College.

Without stating more of the reasons, and pointing out more of the deleterious consequences of such an injudicious method of study, your Committee would respectfully recommend, that it might be an established rule with the members of this Convention, and of other independent medical societies of the State, (the establishment of which is hereby again urged upon the profession,) and of every other medical practitioner, who feels interested in the elevation of the profession, not to receive, in the first place, into their office, a student who does not possess proper qualifications and natural endowments. Secondly, not to permit their student to read any book on practice, and particularly not to busy himself about practice at all, in the early stage of his studies. And thirdly, to bind their student by contract or otherwise, never to enter into practice before having attended College. And as no other more effective means for the present can well be devised, a strict adherence to this rule would, in the opinions of your Committee, diminish a part of the existing evils, and contribute gradually to raise the standard of professional excellence to a height corresponding with the great responsibility of medical men.

D. S. GANS, *Chairman.*

Which Report was adopted.

On motion of Dr. R. Thompson,

Resolved, That Dr. Awl, one of the Trustees, be requested to exhibit before the Convention, to-morrow, some of the pupils in the Institution for the Blind; and that Mr. Hubbell, Principal of the Deaf and Dumb Asylum, be also solicited to exhibit his pupils at the same time.

Dr. Norton offered the following resolution:—

Resolved, That this Convention recommend to the members of the profession generally, the employment of Auscultation and Percussion, as important means of diagnosis, which they fear are too much neglected.

On motion, said resolution was referred to a committee of three, with instructions to report thereon.

Whereupon the Chair appointed Drs. Norton, Drake and Hempstead, said committee.

On motion, adjourned until to-morrow morning at 9 o'clock.

Wednesday morning, 9 o'clock.

The Convention assembled. The President in the Chair.

On motion of Dr. Drake,

Resolved, That committees of five be appointed to report to the next meeting, on the Medical Topography, Climate and Diseases of the Valleys of the Cuyahoga, Muskingum, Scioto and Miamies, and the adjoining region of each, respectively.

Whereupon the Chair appointed the following persons:

For the Cuyahoga Valley—Drs. Peixotto, Hubbard, M. P. Sherwood, Allen and Cushing.

Muskingum Valley—Drs. Morehead, Johnson, Cotton, L. Wright and Richards.

Scioto Valley—Drs. Hempstead, Thompson, Hull, Miller and Hills.

Miami Valley—Drs. Drake, Rigdon, Martin, Carter and Steele.

On motion of Dr. Drake, it was

Resolved, That the President, Dr. Hildreth, be added to and made the Chairman of the committee on the Valley of the Muskingum.

On motion of Dr. Kirtland,

Resolved, That Dr. Robert Thompson be requested to exhibit to this Convention, for their inspection, the apparatus which he has invented for the cure of *Prolapsus Uteri;* and Dr. Gans, his instrument for collecting and preserving *Vaccine Virus.*

On motion of Dr. Kirtland,

Resolved, That this Convention would recommend to the members of the medical profession in the State of Ohio, to collect and preserve as many interesting specimens of morbid anatomy as possible, and that they deposit the same in the cabinets of our medical institutions.

Dr. Norton made the following Report:—

The Committee to whom was referred the Resolution, recommending a more general use of auscultation and percussion, beg leave respectfully to submit the following Report.

From all your Committee can learn, auscultation and percussion, as means of diagnosis, are not as constantly or extensively employed by the physicians of Ohio as could be desired;

though perhaps as much used by them as by their brethren generally out of the large cities. Your Committee are aware, that in tubercular phthisis, and in some of the organic diseases of the heart, the information thus collected relates to diseased structure, frequently irremediable in degree; and therefore many physicians have held it of too little value to justify the labor required to become proficients in these modes of exploration; and that in these affections they are of *comparatively* little value: still no Physician should be unskilled in the use of those improved means, by which only, he can with certainty decide on the ravages of structure which his patient has suffered, or correctly predict the issue of his case. But the most important application of these means is to the investigation of those acute diseases of the thoracic viscera, which are more or less under the influence of remedial agents and processes, and to cases of doubtful pregnancy.

Under this conviction, your Committee would respectfully invite the members of the Convention, and their absent brethren throughout the State, to a diligent use of the Stethescope and Pleximeter, assured from experience, that they will find themselves amply repaid, in the results, for the pains it may have cost them to acquire a facility in the use of those instruments.—All of which is respectfully submitted.

JOHN C. NORTON,
DANIEL DRAKE,
G. B. S. HEMPSTEAD, } *Committee.*

Which report was adopted.

On motion of Dr. Peixotto,

Resolved, That a committee of one be appointed to enquire into the extent to which vaccination has been employed in the State of Ohio, and the influence which it has exercised in preventing the introduction, arresting the progress and modifying the virulence of the small pox; also, on the best means of supplying the members of the profession with the *Vaccine Virus.*

Whereupon the Chair appointed Dr. Peixotto said committee.

A communication was read from Professor Parker, of the Cincinnati College:

CINCINNATI COLLEGE, JAN. 1st, 1838.

To the President of the Medical Convention of Ohio:—

SIR,—Having appropriated the last vacation of our College, to a visit to the great Hospitals of France, Italy and England, I have become tolerably acquainted, from observation, with the

present state of Practical Surgery in those countries; and unable from my professional duties, to attend the Convention, I beg leave to send you some account, hastily drawn up, of what I saw in Paris, now the city of greatest surgical attraction in Europe.

With many wishes that the deliberations of the Convention may result in much advantage to the profession in the West,

I have the honor to be, respectfully,
your ob't. serv't,
W. PARKER.

French Surgery.—It cannot be supposed, that it is intended, in a short paper like the present, to go into the whole round of French Surgery. I propose to refer but briefly to some of the matters of most interest, which I met with in Paris and elsewhere, in my recent visit to Europe.

The French capital stands alone in the multitude of her institutions, intended for the accomodation of the sick and disabled. Her hospitals and hospices furnish between seventeen and eighteen thousand *free beds.* These are sustained by taxes levied upon all public places of amusement, upon lands, and by public and private munificence; and hence, the inmates of these charitable institutions are exonerated from all charge. On this account, the surgeons and physicians who have "services" in these establishments, maintain an independence, which they could not do, were they accountable to their patients and dependent upon their patronage. This circumstance, too, gives rise to a kind of practice, both in physic and surgery, more bold and experimental, than would otherwise be tolerated.

Again, in order to gain admission into these charities, application must be made by the patient or his friend, to the Central Bureau—save in cases of grave accidents, where there is a medical corps, whose business it is to examine the case of the applicant, and admit him to that hospital and to that service, which is destined to the reception and treatment of maladies like his. In this way, have grown up the *specialties* of which we hear so much said in France, and by which the profession there have acquired so much reputation, and made itself the object of so much attraction to all the medical world. Diseases of the heart, for instance, have been sent from the Bureau Centrale to the wards of Bouillaud, at La Charite, and thus he has been furnished with opportunities for making observations, beyond those enjoyed by any other man living, and he indeed stands without a rival in the diagnosis of this class of diseases. In like manner, were the cases of Phthisis and Typhus placed in the "service" of Louis, and thus enabled him

to make his investigations, and settle, more perfectly, their pathology. Diseases of the skin have all been sent to St. Louis, and made a specialty, in which Biete, Emery, and others, have distinguished themselves.

Not long since, Lisfranc resolved on an investigation of Scirrus in all its forms, and requested and had such subjects as were thus afflicted, placed under his care. It is in this way, that Paris has so many inducements for the medical student, and offers him advantages, that are nowhere else to be found, in any or in many of the departments of the profession. In like manner, Scrofula, Syphilis and the diseases of the Eye are made specialities.

To speak now more particularly of Surgery, the French excel as operators; but as practitioners, they are most wofully deficient—indeed, far inferior to any other people with whom I am acquainted. This grows, in part, out of that fondness for display, which can be much more easily indulged in the show and parade of a hospital operation, than in the simple unostentatious prescription. Again, in their education, the French students are taught to rest the hopes of a reputation and all connected therewith, upon manual dexterity; and not so much upon that well-timed medical surgery, that shall save the patient from suffering and maiming. Subjects are procured at from three to five francs, in any number; hence, the pupil spends a large portion of time in the repetition of operations upon the *cadavne*, that he may acquire great skill in the use of the knife—and when he succeeds, he claims to be the accomplished surgeon.

It has long since been remarked, that a very great proportion of those who are operated upon in the French hospitals, die; and it is now heard from almost every medical man, that to be operated upon by one of the present surgeons of the Hotel Dieu, although for dexterity in operation he probably has not his equal, is tantamount to having his death warrant sealed. I am compelled to say, that the excellency of French surgery lies in the operation. There is too much of the practice in the hospitals in Paris that is entirely experimental; there is no hesitation in departing from the treatment that seems to have been tested and settled by observation—the strong desire for novelty and the honor of originality, makes this assertion true of very many in all the departments. I will illustrate what I mean, by citing the course pursued by one of the most distinguished Parisian surgeons, who amputated three times at the knee joint, and lost his patient each time. He finally said, "that although he was the author of the operation, he feared he should be obliged to abandon it, from the failure of success in

practice." In this way, patients are made the constant subjects of experiments; and in this way, does the French practice become full of fluctuation.

I was surprised to find so much aversion to union by first intention; indeed, the surgical practitioner opposes nature in this effort. In amputation, the circular operation is much the most in vogue, and more than once I saw the stump crammed with charpie, and dressed for suppuration, granulation and cicatrization. I believe many pursue this practice in opposition to the union by first intention, because of the English origin of the latter. It is a common remark among them, that the London surgeons carry this practice too far, and do harm by their premature union. And again, when the Parisian surgeons attempt the English practice, owing to that want of energy that characterizes most of the constitutions of those met with in the French hospitals, they have not that success which is met with in London and this country. I never saw the attempt made to unite the lips of a wound, after the removal of the breast or a tumor, but the cavity was crammed full of lint, and then over this a *mountain* of compresses and rollers.—Indeed, one can form no adequate conception of the dressings that are piled on, in all these cases without seeing them—you never see what we call the light dressing.

I saw Roux extract fifteen cataracts at one sitting, at the Hotel Dieu, and in each case he employed the same dressing, viz: first a small compress of several thicknesses, then a bandage of four or six thicknesses over the first, and lastly a piece of black cambric. What was the success? Bad. But no man could excel him in the dexterity of the operation.

Fractures of the thigh and leg, I never saw treated with permanent extension and counter extension. The apparatus of Dessault and Boyer seem to have been forgotten, or to have fallen into disuse. The parts are loaded with bandages and sacs and splints of coaptation. In excision of the mammæ, he tears out the ganglia from the axilla, instead of using the knife.

Velpeau was treating inflammation of the joints and other parts, with the tight roller; in some cases, he succeeded—in others, he evidently did harm. He was also curing hydrocele by the injection of iodine. The success was variable. Varicose veins were being treated at the St. Louis, and with considerable success, too, with the pin and twisted, or hare-lip suture; a mode of practice which recently originated with the French.

Amussat was demonstrating the advantages of *tortion* as an artificial means of arresting hæmorrhage, and was successful

in his experiments upon dogs and other animals. Buboes are met with blisters, and their efficacy is now trying in the venereal hospitals. The application is a good one.

Lisfranc cuts off the thigh or foot, brings the lips in contact, but will have it, that the dressing must be removed the next day; and thus defeats nature in her efforts at union.

Here are the two modes of treatment of stone in the bladder, followed out with more zeal and experiment, or trial, than in any other city or country. In practice, Lithotomy is confined almost wholly to the perineum; the high operation, and recto-vesical, being but rarely performed. The gorget is not employed in the French capital. Roux and Lisfranc employ the scalpel. Sanson uses the double Lithotome of his great master, Dupuytren. Some divide the prostate with the single Lithotome. The distinguished surgeon of the Hotel Dieu, at Lyons, BAJARD, always makes the single lateral cut with this instrument. His success has acquired for him a great reputation in this operation. In Paris, M. Vidal de Cassis, a rising surgeon, has invented an instrument to make four incisions in the prostate gland.

As for Lithontrity, I think much less of it now, than when I knew less of it. Civiale and Leroy d'Etoilles, the rivals and champions in this branch of surgery, were both lecturing when I was in Paris; and the former I saw operate repeatedly at the Neckar hospital, where he has a service. I am confident, the operation can never supersede the use of the knife. Lithotomy must always be the general operation, while in a few exceptional cases, the stone may be ground down in the bladder, and that is all that can be claimed for Lithontrity.—It often happens, in cases of urinary calculi, especially after adult life, that the bladder is very irritable, inflamed and ulcerated, that the prostate gland is diseased, that the urethra is suffering from strictures, and hence, all operations are followed by a less favorable prognosis; but the use of the Lithontriptic instruments is entirely out of the question.

To prepare the patient for operation, much time is often required. The patient must undergo much suffering, the urethra must be dilated, its orifice enlarged by the bistoury, perhaps. The verumontanum is often seriously injured, the neck of the bladder and testicles involved in inflammation, especially when the straight instrument, so ill adapted to the natural conformation of the parts, is made use of, instead of the curved, of Heurteloup or Jacobson.

From my own observation, the patient suffers more pain from each trial of the instrument, than is caused in the operation with the knife; and this too, is true, when the dexterous Civiale is engaged in crushing the stone.

The debris, or bits of stone, are often entangled in the urethra, obstructing the flow of urine, causing often considerable hemorrhage, and great pain and mental anxiety. These fragments, some of them, are often left behind, and form the nucleus of subsequent calculi, and thus defeat the surgeon in a radical cure.

The instruments have been broken in the bladder, a case of which is given by Touchon, and the knife consequently required. Sometimes, the blades of the forceps are bent, and cannot be withdrawn by the natural passage; and an infinitely more dangerous and painful operation is required, than that of cutting.

And lastly, I have generally seen those patients, who were cut for the stone, pass much sooner from the care of the surgeon, than those on whom Lithontrity had been practised.

In females and in males, where the parts are in a healthful condition, and where the calculi are small, Lithontrity *can* be practised; but the old operation of Lithotomy is that upon which the profession must, as yet, mainly rely.

There are two forms to the instruments now in use; the *straight* and the *curved.* Civiale's is straight, but has fallen much into disuse, and abandoned to some extent, by its author; for I have seen him throw aside the straight, and succeed with the curved.

After a residence of a few months in Paris, I departed for Montpellier and the south of France, taking Lyons in my way, and making such matters as had more or less of connection with the profession, the special objects of attention. I must confess, I was surprised by the multitude of hospitals, with which the French government had provided the people in all its departments. Lyons, the second town in France in population, has a goodly number of these institutions, among which is the Hotel Dieu, one of the largest in France. It contains over one thousand beds. One surgeon in chief, Bajard, and two assistants, five physicians and eighteen internes. There is one ward here, in which are two hundred and eight beds.—The whole establishment conferred honor upon those who had the charge of it. Bajard, rough in manner, and excessively irritable in his feelings, has a high reputation as a surgeon. I saw nothing of interest in his wards. He performs most of the operations for stone in the bladder, of which I was informed there are many; he always performs the single lateral, with the Lithotome caché.

Brechet is the leading man here in medicine; he is regarded more as a chimerical man, than as a sound logician.

In this city is a large hospital for the insane, which has some reputation.

I next visited Montpellier, which has been long famed for its medical school. At this place, Paris and Strasburg, are the three medical schools of France. The one of which I am now particularly speaking, was founded in the twelfth century, by the pupils of Averrhoes, and other Arabians. It has been gradually upon the increase, and in the catalogue of its professors, are found some of the brightest names that adorn the page of medical history. It has now fifteen professorships, and eight hundred medical pupils. The Institution is richly endowed, not only with many curiosities pertaining to the profession, but with all that is necessary in buildings, in museums, in cabinets and in library. The city containing 40,000 inhabitants, has two large hospitals. The distinguished surgeon connected with one of these, the military, is Lallemande, whose name as an author, has for some years been before the medical world. He has here a large service, being the successor of the late distinguished Delpech. I saw several patients who were under his treatment, for the cure of involuntary seminal discharges, in the cure of which cases he has rendered himself celebrated, by the use of caustics to the prostatic portions of the urethra. In his wards, I saw an officer, on whom he had performed the Rhinoplastic operation, by bringing the skin from over the os frontis, and had succeeded better than in any case I had before seen. Lallemande, I thought very dull as a lecturer. The medical school here, claims an individuality based upon its own resources and powers, and neither acknowledges nor allows any dictation or interference of Parisian power.

After the reading of this letter, on motion of Dr. Peixotto, it was

Resolved, That the thanks of the Convention be tendered to Pr. Parker for his interesting communication, and that the same be printed among our proceedings.

At half-past 10 o'clock, several of the pupils of the Asylum for the Deaf and Dumb, and the Institution for the Blind, were introduced, and exhibited, in a highly satisfactory manner, their progress in learning; thus manifesting the great benefits which must flow from the establishment of benevolent institutions, the foundation and encouragement of which, is one of the great objects of this Conventiou.

On motion of Dr. Kreider,

Resolved, That Drs. Drake, Awl, and R. Thompson be appointed a committee of publication, to superintend the printing and distribution of the proceedings of this Convention.

Dr. Awl offered the following resolution:

Resolved, That in the opinion of this Convention, the future triennial meetings of this body ought, as heretofore contemplated, to return to the centre, and be permanent in the city of Columbus.

In which resolution, the Convention refused a concurrence.

Dr. Thompson, in accordance with the request of the Convention, exhibited his apparatus for the relief and cure of *Prolapsus Uteri*, accompanied with explanatory remarks.

Dr. Gans also exhibited his instrument for the preservation of *Vaccine Virus*, with accompanying remarks.

On motion of Dr. Allen,

Resolved, That the thanks of this Convention be presented to Dr. Robert Thompson, for the exhibition of his instrument for the cure of *Prolapsus Uteri*. Also, to Dr. Gans, for the exhibition of his instrument for the preservation of the *Vaccine Virus*, and that we recommend their instruments to the attention of medical practitioners.

On motion of Dr. Drake,

Resolved, That a committee of one be appointed to make, at the next meeting, a report on the *Flora Medica* of the State of Ohio.

Whereupon Dr. Drake was appointed said committee.

On motion of Dr. Warder,

Resolved, That a vote of thanks be presented by the Convention, to the members of the Franklin County Medical Society, for the polite and hospitable manner in which we have been received by them.

On motion of Dr. Kirtland,

Resolved, That the Medical Convention feel highly gratified with the exhibition of the Mute and the Blind pupils, and would tender our thanks to the respective Teachers, for their polite attention. Nor would the Convention permit the opportunity to pass, without expressing the deep interest they feel in the success of the benevolent institutions of the State.

On motion of Dr. Drake,

Resolved, That this Convention respectfully invite the physicians of Ohio to bring forward and exhibit at its successive meetings, whatever improvements or new inventions they

may have made, in the various instruments and apparatus used in practical Medicine, Surgery, Obstetrics and Pharmacy, and that the Secretaries give notice of the same, in their advertisement for the next meeting.

On motion of Dr. Drake,

Resolved, That the President be authorized and requested, during the adjournment of the Convention, to appoint such committees, to make reports on professional subjects at the next meeting, as he may think proper.

On motion of Dr. Drake,

Resolved, That it shall be the duty of the Secretaries to give at least three months notice of the next meeting of the Convention, in one or more of the newspapers of Columbus, Cincinnati and Cleveland.

On motion of Dr. Brown,

Resolved, That the thanks of this Convention are due to its officers, for the able and impartial manner in which they have discharged the duties of their respective stations.

On motion,

Resolved, That the thanks of this Covention be tendered to General Patterson, Marshal of the District of Ohio, for the use of the Court Room, in which our sittings have been held.

On motion,

Resolved, That the Chair be authorized to appoint, at the proper time, a committee of five, to make preparations for the reception of the next Convention in Cleveland.

The President then addressed the Convention.

On motion,

Adjourned, until the second Tuesday of May, A. D. 1839, at 10 o'clock, A. M., to meet in the city of Cleveland.

S. P. HILDRETH, *Pres't.*

M. Z. KREIDER, *Rec'g. Sec'y.*
WILLIAM M. AWL, *Cor. Sec'y.*

APPENDIX.

NOTICES BY COMMITTEES.

Vaccination in Ohio.

To the Physicians of the State of Ohio.

Gentlemen:

Having been appointed by the Medical Convention, now in session in this city, a Committee to inquire into the extent to which Vaccination has been carried on in this State; and alsoto ascertain the success of its operation in preventing, arresting, or modifying the introduction, spread, and virulence of that fell disease, the Small Pox, I respectfully request from you a detail of such facts in your possession as may throw light upon this highly important and interesting subject.

Obvious reasons must evince the necessity and propriety of each separate communication's being *post paid.* The good which may result to the community at large must prove a sufficient compensation to each communicant; and any apology on my part for not incurring an expense that would be extravagant, provided every physician interests himself in the cause of humanity, is, I think, unnecessary.

My address is "The Willoughby Medical College, Willoughby, Ohio."

Repectfully,

Daniel L. M. Peixotto, M. D. & Pr.

Columbus, Jan'y. 3d, 1838.

N. B.—The Cincinnati, Columbus, Chillicothe,Cleveland, Marietta, and other papers in the principal cities of the state, are requested to insert the above, as being of a general interest.

Medical and Economical Botany of Ohio.

The subscriber having been appointed by the Medical Convention, to make a report on the Medical Botany of our state, begs leave to solicit assistance from all who can give it. Specimens of plants, known or supposed to be medicinal, or poisonous, or useful in the chemical arts, will be peculiarly acceptable. They should, if possible, be taken in flower. It would also be desirable, to receive specimens of the parts, in which their virtues are supposed to reside; that they may be made the subject of pharmaceutic and clinical experiment. The kind of locality in which they are found should be noted. In addition, facts of all kinds, relative to their effects, when they have been administered as medicines, or taken accidentally and proved deleterious, will be most acceptable. Many country physicians have met with a disease, to which the name "milk sickness" has been applied by the people. It is supposed by some of them, to arise from a poisonous plant; but *what* plant, is not yet known. The subscriber would be happy to receive specimens of all which are thought by different persons, to have produced that disease.

The interest which the profession of Ohio, and the people at large have, in ascertaining the extent of our native medical and economical Botany will, it is hoped, secure contributions from all persons who possess the kind of information required.

The catalogue of plants will embrace the popular as well as the scientific names, the localities, time of flowering, and brief notices of their virtues. It will thus be made a kind of directory or guide to our vegetable resources.

Communications may be made at any time, through the present calendar year, post paid, to the subscriber in the city of Cincinnati. Editors of newspapers are respectfully requested to copy this article. DANIEL DRAKE, M. D.

Medical Convention,
Columbus, Jan'y. 3d, 1838.

Medical Topography, Climate and Diseases of Ohio.

Columbus, Jan'y. 3d, 1838.

The undersigned, Chairmen, respectively, of four Committees this day appointed by the Medical Convention of Ohio, to make report, at the next meeting, to be holden in Cleveland, on the second Tuesday of May, 1839, on our Topography, Climate and Diseases, respectfully invite the attention of their brethren throughout the State, to the investigations with which they have been charged. It is obvious,

that reports embracing only the observations of the members of these Committees, can by no means present the medical history of a state, so extensive and diversified in aspect, soil, climate, and the composition of society, as that of Ohio, and that to render their labors worthy of the attention of the next Convention, they must receive assistance from the profession of the state generally. In the confident hope, that this will be extended to them, they beg leave to indicate to their brethren some of the leading subjects, upon which their inquiries will be directed.

Topography.—The nature of the rocks whether calcareous or silicious, which underlay the soil—proportion of hill and valley—diluvial plains—swamps—drowned or annually inundated lands—velocity of the currents of streams—composition of the waters drunk by the inhabitants—temperature of deep wells and permanent springs—elevation of different places above the surface of Lake Erie.

Climate.—Mean annual temperature of different places—mean heat of each month—sudden variations—weight of the atmosphere as indicated by the barometer—humidity—electrical phenomena—quantity of snow and rain—course of the winds—hurricanes—times of the leafing and flowering of plants.

Diseases.—Observed effects of any conditions of our soil and climate, on the health of the inhabitants—facts of every kind, showing the connexion between our summer and autumnal diseases, and particular localities—comparative healthiness of hot and temperate summers, and cold and temperate winters—connexion between climate and pulmonary consumption—disappearance of diseases from the progress of cultivation, involving the destruction of forests, the draining of swamps, and the continued upturning and exposure of the soil—changes in the type of diseases—new diseases—differences in the symptoms and required treatment of the same diseases in Ohio, and the states east of the mountains, as observed by emigrant physicians, who have practised on both sides of the Alleghenies—influence of the winds and fogs of the Lake shore—progress or decline of intemperance—diseases produced by the use of tobacco and ardent spirits—effects of tea and coffee—prevalence of calculous affections—causes of our endemic ophthalmias—symptoms, cause, treatment and pathological anatomy, of the disease denominated "sick-stomach or milk-sickness"—symptoms and cure of the bites of our venomous serpents—diseases of particular classes of the community, resulting from their occupations, as chronic laryngitis, among clergymen and other public speakers—finally, notices of all kinds relative to the diseases of our inferior animals.

The undersigned do not ask for essays or dissertations, but facts, which can be used as materials in their respective reports. These may be transmitted to Dr. Peixotto, of Willoughby College, for the Western Reserve, to Dr. Hildreth of Marietta, for the Muskingum country, to Dr. Hempstead of Portsmouth, for the Scioto country, and to Dr. Drake, of Cincinnati, for the south western end of the state. Letters by private conveyance, or by mail, postage paid, will be thankfully received, at any time between this and the first of March, 1839—at a later period, their contents could not well be incorporated into the reports. It is unnecessary perhaps to say, that every contributor of a new or important fact will have his name introduced as authority. It is hoped that those who have not hitherto made, or at least recorded their observations, on the diseases of their respective localities, will immediately commence that work, so as to be able to furnish the Committees with a medical history of the year 1838. The comparison of such registers, kept over the state generally, might afford very interesting results.

Although this communication is addressed chiefly to medical gentlemen, it is the earnest desire of the undersigned, that all citizens of Ohio, who make meteorological observations, or possess any facts having a connexion with our diseases, which they may regard as new, or otherwise valuable, will communicate them.

For the purpose of giving the widest possible dissemination to this circular, the Editors of our different newspapers, are respectfully requested to give it an insertion.

DANIEL DRAKE, M. D.
G. B. S. HEMPSTEAD, M. D.
S. P. HILDRETH, M. D.
D. L. M. PEIXOTTO, M. D.
In behalf of the respective Committees.